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SECRETARY OF STATE

B. BOSTICK

JUL - 2 2013

EXAMINER

COVER LETTER

Registration Section TO: Division of Corporations SUBJECT: SRI Investigations LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ron Spiller Name of Person SRI Investigations LLC Firm/Company 8875 Hidden River Parkway #300 Address Tampa, FL 33568 City/State and Zip Code Rspiller@SRIInvestigations.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ron Spiller Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

CHANGE OF MAILINI POORESS ONLY STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGE TO OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Florida.		
1. Name of the limited liability company: SRI Investigations	rrc	
 (a) Principal office address of limited liability comp (<u>Note</u>; <u>MUST BE STREET ADDRESS</u>) 	8875 Hidden River Parkway #300 Tampa, FL 33637	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10810 BOYETTE RD, #131 RIVERVIEW, FL 33568	
07/30/2012	L12000098360	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	a Dept. of State:
Registered Agent:	KSKR ENTERPRISES INC.	
Registered Office Address:	10810 BOYETTE RD. #131 RIVERVIEW, FL 33568	ZOIB JUL
(b) Enter name of NEW Registered Agent and/or <u>I</u>	NEW Registered Office ac	Idress: 50 1
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10810 BOYETTE RD. #131	05 33 U
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	te Florida street address of the floridal. Or, in the case of a second was/were authorized by	the registered office a Florida limited y an affirmative vote of
Signature of a member or authorized representative of a member		
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capa e proper and complete perfo y position as registered age merely reflect a change in pany has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00