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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	Division of Corporations					
SUBJECT: Security Technology Solutions Gyoup, 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:						
Starlett M. Massey Name of Person						
Massey Law Group, P.	.A					
76 4th Street, # 262						
Saint Petersburg, FL 33 City/Stale and Zip Code	0731					
E-mail address: (to be used for future annu	WOA. WM ual report notification)					
For further information concerning this matter,	please call:					
Starle H- Massey Name of Person	at (<u>866) 225–3654</u> Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
🗹 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

1. Na	nine of the limited liability company: Scunty	Techr	ralogy Soluti	ions Group, LLC.
2. (a)		(b)	21	•
	Principal office address of limited liability company: (Note: MUST BE STREET (IDDRESS)	,	Mailing addre	ess of limited liability company: (Y BE POST OFFICE BOX)
	9008 BriHany Way	<u>. </u>	9008 Brit	Hany Way
	Tampa, FL 33619	_	Tampa, F	1 33619
	10/30/2012	-	L1200013	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	MUSSEY LAW GROUP, P.A. Registered Agent and Registered Office shown on the records of the shown on the sh	ha Elorido	Dont of States	
	Registered Agent and Registered Miles and Mile records of t	ne i wiida	isept. or state.	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	4401 W. Hennedy Blvd.,	Suit	e 201	
	Tampa FL	336	09	19
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	(m) =
				ELIPO TELEPOS
	NEW Registered Office Address:			7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	76 4th Street, #262			
	Co. / Odod	000		
	Jaint Petasburg	55+	31	
the chai agent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia	the regist bility cor	ered office and the bunpany, it is hereby co	usiness office of the registered onfirmed that the change(s)
the artic	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	i me min limited fi	ability company.	or as otherwise provided in
· · · · · ·	drest a member or sathorized representative of a member	<u>J</u> ,	Tany Strigge	er, mecidet
Signati	ureson a rucinium or antingrized representative of a member		Printed or ty	yped name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent