113000090961

((Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
•	(Document Number)
Cartified Coning	Cartificator of Status
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

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_	sion of Corporations				·
SUBJECT:		h assest t		ım / training a	cademy
	. INa	mie of Linned Li	aom	пу Сотрану	
Dear Sir or N	/ladam:				
The enclosed	Registered Agent/Regis	stered Office Chai	nge a	and fee(s) are submitted	for filing.
Please return	all correspondence cond	cerning this matte	r to 1	the following:	
iames	j. jean rene				
	Name of Person			_	
	Firm/Company				
2117 1	0 th street we	est.			14 33 13
	Address				LLANG .
braden	ton / florida .	34205			IASSE IN 1
	City/State and Zip Code			_	- 原金 2 (
jamesjjeanrene@gmail.com			_	NOV -1 PH 4: 08 EURETARY OF STATE LLAHASSEE, FLORIDA	
	ress: (to be used for future annual formation concerning the	•	all:		~ 00
james j	i. jean rene	at (94	1	, 5048390	
-	Name of Person	\	A	Area Code & Daytime Telephon	ic Number
Regist Divisio Cliftor 2661 I	ET/COURIER ADDRES ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	j	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclo	sed is a check for the fe	ollowing amount	:		

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508. Florida Statutes. ler to change its regist	the undersigned limited ered office or registered		
1. Name of the limited liability company: SPECIAL WATCH AS	SSEST TEAM / TRAINING ACADEM	IY.		
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	P.O. BOX 223. BRADENTON. FLORIDA 34208			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
06/25/2013	L13000090961			
3. Date of filing/registration in Florida	4. Document number	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Flor	ida Dept. of State:		
Registered Agent:	JAMES J. JEAN RENE			
Registered Office Address:	2117 10 TH STREET WEST, BRADENTON FLORIDA, 34205			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office	address: ♂		
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2117 10 TH STREET WEST.	SSS -		
WOOD PER LEWIS TO THE LET THE WALSO	BRADENTON	· · · · · · · · · · · · · · · · · · ·		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	florida street address of tical. Or, in the case of was/were authorized by	the registered office a Florida limited by an affirmative your of		
JAMES J JEAN RENE				
Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the providing I am familiar with and accept the obligations of my performed to the providing filed to me address. I hereby confirm that the limited liability company signature of Registrical Agent	gree to act in this capa oper and complete per osition as registered ag erely reflect a change in y has been notified in w	icity. I further agree to formance of my duties, ent as provided for in i the registered office vriting of this change.		
Division of Compositions D.O. Day (2)	145.T. H. 1			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (05/08)