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COVER LETTER

SUBJECT: SUBJECT: SOUTHPOINT INVESTIGATIONS & SECURITY CONSULTANTS 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: JOHN W. HARPER Name of Person SOUTHPOINT INVESTIGATIONS & SECURITY CON Firm/Company 6278 NORTH FEDERAL HIGHWAY SUITE 416 Address FORT LAUDERDALE , FLORIDA 33308 City/State and Zip Code jackwharper@yahoo.com / southpointpi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN W. HARPER		istration Section sion of Corporations			
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JOHN W. HARPER 904 472-8484	E-mail	address: (to be used for future and	nual report notific	eation)	- 88, J
	For further in	nformation concerning this matter	, please call:		
at t	JOHN W.	HARPER	904 at (472-8484	
Name of Person Area Code & Daytime Telephone Number		Name of Person	w (<u></u>	Area Code & Daytime Tele	phone Numbe
STREET/COURIER ADDRESS: MAILING ADDRESS:			MA	ILING ADDRESS:	
Registration Section Registration Section	_		_		
Division of Corporations Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		_			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			1811	anassee, Fiorida 32314	

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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	me of the limited liability company:	INVE	STIGAT	TIONS & SEC	URIT	Y CON	SULTANT
2. (6278 NORTH FEDERAL HIGHWAY	(b) 6278 NORTH FEDERAL HIGHWAY					
۷. ر	, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		SUITE 416	_	SUITE	416			
		FORT LAUDERDALE, FLORIDA 33308	_	FORT	LAUDERDA	LE, FL	ORIDA	A 33308
		01-23-2014	_1	_14000	012808			
3.		Date of filing/registration in Florida	4.		Document nu	ımber		
5.	(a)	157 LAKEVIEW DRIVE APT	105	· u	BTN E	-15	332	6
٥.	(4)	Registered Agent and Registered Office shown on the records of the					- J –	_
		Registered Office Address (MUST BE FLORIDA STREET AL						
		SAME AS ABOVE (OLD ADDIES	5)					
		, FL			_	INC.	2016	
((b)	SAME AS ABOVE					438 E	The Land
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	ress:		38E	5	E U
		SOUTHPOINT INVESTIGATIONS & SECUR	RITY CO	ONSUL	.T.#	57£	<i>;</i> ; □	Party and a second
		NEW Registered Office Address:	•	,	`	ġ.		
		6278 NORTH FEDERAL HIGHWAY	NEU	A	opress)) ***	4	
		SUITE 416 , FORT LAUDERDALE , FL	33308		_			
If th	ne li	mited liability company is not organized under the laws	s of the :	State of I	Florida it is her	eby con	nfirmed t	that after
the	cha	nge or changes are made, the Florida street address of the	he regis	tered off	ice and the busi	ness off	fice of th	he registered
was	nt v /we	vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	the limi	mpany, r ted liabi	t is nereby cont lity company or	irmed the	nat the c rwise pr	nange(s) rovided in
the	arti	cles of organization or the operating agreement of the li	imited li	ability co	ompany.			
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	_	ure of a member or authorized representative of a member		1 .	Printed or type		_	
pro the to n	visi obl nere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act performa for in C ereby co	in this co mce of m hapter 6 nfirm the	apacity. I furtherly duties, and I of 05, F.S. Or, if it is the limited lide.	er agree am famil his doca ability co	to com liar with ument is ompany	ply with the h and accept s being filed has been
Sion	atu	re of Registered Agent						