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COVER LETTER (

TO:	Registration Section Division of Corporations						
SUBJI	ADVANCED PROTECTIVE SERVICES, LLC						
ос во	Name of Limited Liability Company						
Dear S	ir 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:							
A. AN	NDREW OBEIDY						
	Name of Person		-				
OBE	IDY & ASSOCIATES, PA						
	Firm/Company		_				
200 8	S. ANDREWS AVE., STE. 100						
	Address		_				
FT. L	AUDERDALE, FL 33301						
	City/State and Zip Code		_				
AND	REW@OBDLEGAL.COM						
E	E-mail address: (to be used for future ann	ual report notific	ation)				
For further information concerning this matter, please call:							
A. AN	NDREW OBEIDY	305 at (892-5454				
	Name of Person		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				
INHS1	8 (2/14)						

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	ame of the limited liability company: ADVANCED	PROTE	CTIVE SI	ERVICES, LLC			
2. (a)							
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, N	Mailing address of limite			
	110 HENDRICKS ISLE #6		110 HEN	NDRICKS ISLE	#6		
•	FT. LAUDERDALE, FL 33301		FT. LAU	DERDALE, FL 3	33301		
	12/09/2014		L1400018	87864			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	A. ANDREW OBEIDY						
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:			
	A. ANDREW OBEIDY						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	-			
	200 S. ANDREWS AVE., STE. 100				1		
	FT. LAUDERDALE , FI	33301				Ž015 .	
(b)	A. ANDREW OBEIDY					JUL 17	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-			تتا
	A. ANDREW OBEIDY					P¥ 2:	
	NEW Registered Office Address:			-		47	
	200 S. ANDREWS AVE., STE. 100			-			
	FT. LAUDERDALE , FI	33301		_			
the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	f the regi: ability co	stered office ompany, it is	e and the business of hereby confirmed	ffice of the : that the cha	registe nge(s)	ered)
	icles of organization or the operating agreement of the				iei wise prov	iucu i	111
	Assolay	A	MOREL	Printed or typed name			
Signa	ture of a member or authorized representative of a member		··· ·	Printed or typed name	of signee		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed for in C hereby co	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agre duties, and I am fan i, F.S. Or, if this do the limited liability	ee to comply niliar with a cument is be company ha	with nd ac eing fi is bee	the cept iled n