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APR 05 LUIO J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	DOLPHINS LOCK & SECURIT	ITY LLC					
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this r	matter to the following:					
ANG	ELJ. RAMOS						
	Name of Person						
DOL	PHINS LOCK & SECURITY LLC						
	Firm/Company						
8370	SW 35TH TERRACE						
	Address						
MIAN	ИI, FL 33155						
	City/State and Zip Code						
ARA	MOSFAMILY@GMAIL.COM						
	E-mail address: (to be used for future annual	al report notification)					
For fu	rther information concerning this matter, ple	lease call:					
ANG	EL J. RAMOS	786 530-8009 at ()					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Tallahassee, Florida 32301 Enclosed is a check for the following an	mount:					
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
Muci	-	a 555 r ming roc & Certified Copy					
TIALID 19	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.

. Na	me of the limited liability company:	LOCK 8	k SECURI	TY LLC		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 8370 SW 35TH TERRACE	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) V 35TH TERRACE		
	MIAMI, FL 33155			FL 33155		
	01/12/2015		L150000	06663		
	Date of filing/registration in Florida	— 4.		Document no	umber	
(a)	Registered Agent and Registered Office shown on the records of ARMANDO RAMOS	of the Floric	a Dept. of Stat	- e;		
	Registered Office Address (MUST BE FLORIDA STREET) 8370 SW 35TH TERRACE	T ADDRES	<u>s)</u>		렇	
	MIAMI , F	33155 L	5	-	16 APR	
(b)	Enter name of NEW Registered Agent and/or NEW Registered ANGEL J. RAMOS	ed Office a	ldress:	-	-4 PHI2: 44 ARY OF STATE SSEEL FLORIDA	
	NEW Registered Office Address: 8370 SW 35TH TERRACE			_	NE III	
	MIAMI , F	33155	5	_		
e cha gent w as/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization of the operating agreement of the	of the reg liability of of the line limited	isteréd offic ompany, it i nited liabilit	e and the busi is hereby conf by company or mpany.	ness office of the registere irmed that the change(s)	
Signat	ture of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	Printed or type	d name of signee	
herel rovisi e obli mere otijiee	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid to reflect a change in the registered office address, it in writing of this change.	gree to ac le perforn led for in I hereby (et in this cap nance of my Chapter 60: confirm that	acity. I furth duties, and I o 5, F.S. Or, if i the limited lid	er agree to comply with th am familiar with and acce this document is being file ability company has been	

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

Signature of Registered Agent