12/5/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003190643)))



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	Division of Co	rporations : (850)617-6383	(/) ·
	ESK HOMPEL	. (636)017-0363	٠ <u>٠</u> ٠
From:			-
	Account Name	: C T CORPORATION SYSTEM	
	Account Number	: FCA000000023	7:
	Phone	: (512)418-6949	- <u>2</u> 2
	Fax Number	: (954)208-0845	Ξ.
			• •
*Enter 1	the email addres	ss for this business entity to be used for	future
		ings. Enter only one email address please.	
Ema	il Address:		_ ′

## LLC REGISTERED AGE TO CHANGE RUSSIA SECURE LLC

Certificate of Status	0
Certified Copy	Û
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEC TARRES

			1
		COVER	LETTER
	stration Section sion of Corporations		
SUBJECT	Russia Secure LLC		
JOINTICI.	Name o	of Limited	Liability Company
Dear Sir or N	dadam:		
The enclosed	Registered Agent/Registered Office	Change ar	nd fee(s) are submitted for filing.
Please return	all correspondence concerning this r	matter to th	e following:
BRUCE BER	GER		
	Name of Person		
CISIVE			
	Firm/Company		
5000 Corpora	te Court, Suite 203		4.
	Address		<del></del>
Holwville, N	Y 11742		
•	City/State and Zip Code		<del></del>
bberger@cisi	ve.com		~s.
É-mail	address: (to be used for future annua	report not	ification)
For further in	nformation concerning this matter, pl	ease call:	
BRUCE BER	GER	631 at (	\$62 - 9300
	Name of Person		Area Code & Daytime Telephone Number
•	EET/COURIER ADDRESS:		MAILING ADDRESS:
	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle	i	Fallahassee, Florida 32314
1 a) 11	ahassee, Florida 32301		

☐ \$55 Filing Fee & Certified Copy

JNH\$18 (2/14)

Enclosed is a check for the following amount:

□ \$25 Filing Fee

. . .

## 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.

a) _	16231 IVY LAKE DR	(b) 16231 IVY LAKE DR					
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	and A C design contract on	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	ODESSA, FL 33556	ODE:	SSA, FL 33556				
	9/16/2015	L1500	0157559				
•	Date of filing/registration in Florida	4.	Document nu	umber			
	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the records of the	of State:	22	2#17			
	Registered Office Address (MUST BE FLORIDA STREET A		OEC	t,			
	TALLAHASSEE	32301-2525		. Ch	-		
	TALLAHASSEE			ä			
b) .	Enter name of NEW Registered Agent and/or NEW Registered (						
	NEW Registered Office Address:	<del></del>					
	1200 South Pinc Island Road		<u>-</u>				
	Plantation, FL_	33324					
ve tic	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the law of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of suthorized representative of a member of authorized representative of a member of authorized representative of a member of a provided of a complete participation of my position as registered agent as provided to reflect a change in the registered office address. In	the registered of bility company fithe limited liability innited liability Bruce	office and the busing, it is hereby confinability company or y company.  e E. Berger	ness office of the re irmed that the chang as otherwise provid a flame of signee	ge(s) ded ir		

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

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