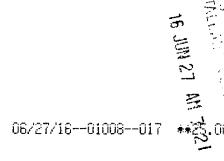
## L15000 163668

(Red	questor's Name)					
(Address)						
(Add	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
		·				
		:				

Office Use Only



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JUN 28 2016 S. YOUNG

## **COVER LETTER**

	gistration Section vision of Corporations		•		
CITO ID CO	AUTOMATED SECURITY INVESTMENTS, LLC.				
SUBJECT	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please retur	rn all correspondence concerning th	is matter to the	following:		
Elisa Her	nandez				
	Name of Person		_		
<del></del>	Firm/Company		_		
2844 SW	/ 138 Path				
	Address		<del></del>		
Miami, Fl	L 33175		_	יים לטיני	
	City/State and Zip Code			, -	
elisahern	andez73@gmail.com				
E-mai	il address: (to be used for future and	ual report notif	ication)		
For further	information concerning this matter,	, please call:			
Elisa Her		305 at (	458-2438 )		
	Name of Person		Area Code & Daytime Telep	hone Number	
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle stahassee, Florida 32301	Re Di <sup>.</sup> P.(	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
En	closed is a check for the following	amount:			
☑ :	\$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18 (2/1	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	me of the limited liability company:	AUTOMATED SECURITY INVESTMENTS, LLC.				
	(a)	AUTOMATED SECURITY INVESTMEN	ESTMENTS, LLC	<u>1</u> (b)	) ''(	"Same"	
٤.	(/	Principal office address of limited lia (Note: MUST BE STREET A 1835 NW 112 Ave. Ste. 178				Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Ame"	
		Miami, FL 33172					
		09/18/2015			L1500016	33668	
3.	(a)	Date of filing/registration in Elisa Hernandez	Florida	4.		Document number	
5.	(a)	Registered Agent and Registered Office show Elisa Hernandez	vn on the records of the	Florida	Dept. of State	::	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1835 NW 112 Ave. Ste. 178					
		Miami	, FL	3172		16 JUN 27	
	(b)	Enter name of NEW Registered Agent and/o	or NEW Registered Off	fice ado	lress:	H -: 22	
		NEW Registered Office Address: 2844 SW 138 Path					
		Miami	, FL	3175			
the age	e cha ent w s/we	nge or changes are made, the Florida vill be identical. Or, in the case of a F	street address of the Florida limited liabil of the members of the	e regis lity co he lim nited l	stered office impany, it is ited liability	~ *	
- 5	ignal	nure of a member or authorized representative	of a member		<u></u>	Printed or typed name of signee	
pro the	ovisi e obli mere	ons of all statutes relative to the proping at the	er and complete pe agent as provided fo	rforme or in C	ance of my c Chapter 605	acity. I further agree to comply with the duties, and I am familiar with and accept f, F.S. Or, if this document is being filed the limited liability company has been	
187	main	re of Registered Agent					