L16000225890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 SEP 19 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

SEP 26 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Apology for the mistake.
Thank you

September 10, 2018

SAFETYNET GROUP LLC
ATTN: MICHAIL ZALKIND
2650 DADE AVE, APT 1123
ORLANDO, FL 32804

SUBJECT: SAFETYNET GROUP LLC
Ref. Number: L16000225890

We have received your document for SAFETYNET GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 218A00018675

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SafetyNet Group
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:

Michail Zalkind
Name of Person

SafetyNet Group
Firm/Company

2650 Dade Ave, Apt 1123
Address

Orlando, FL 32804
City, State and Zip Code

info@safetynetinv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michail Zalkind at (305) 4400184
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

2010 SEP -4 PM 3:02

INHSTS (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 Name of the limited liability company: SafetyNet Group

2 (a) 984 English town Ln 310, FL 32708
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
Winter Springs, FL 32708

(b) 984 English town Ln 310, FL 32708
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3 12/14/2016
Date of filing registration in Florida

4 L16000225890
Document number

5 (a) REGISTERED AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3030 N. ROCKY POINT DR. STE 150A
TAMPA, FL 33607

(b)
Enter name of **NEW Registered Agent** and or **NEW Registered Office address**

michail zalkind
NEW Registered Office Address
2650 Dade Avenue apt 1123
Orlando, FL 32804

2016 SEP 19 PM 5:47

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Michail Zalkind
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2-14)