## 117000212657

(Re	equestor's Name)						
(Ad	ddress)						
(A	ddress)						
(C	ity/State/Zip/Phon	e #)					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(D	ocument Number)						
Certified Copies	Certificates	s of Status					
Special Instructions to	Filing Officer:						
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## COVER LETTER

TO: Registration Section Division of Corporations		
ELITE PROTECTION SECURI SUBJECT:	TY, LLC	
	f Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to th	ne following:
PRISCILLA MICHEL		
Name of Person		
ELITE PROTECTION SECURITY, LLC		
Firm/Company	-3-7	
1398 NE 178TH STREET		
Address	******	<del></del>
NORTH MIAMI BEACH, FL 33162		
City/State and Zip Code		
MICHEL@ELITEPROTECTIONSECURIT	Y.COM	
E-mail address: (to be used for future annual	report no	tification)
For further information concerning this matter, plo	ease call:	
PRISCILLA MICHEL	561	212-3826
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 an	10unt:	
■ \$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy

INHS18 (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	ime of the limited liability company:	CTIC	N S	SECUR	ITY, LLC			
2.	(a)	1398 NE 178TH STREET	(	<sub>b)</sub> 1	398 NE	E 178TH S	TREET	•	
	( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	. /	Ν	Mailing address (Note: MAY		-	
		NORTH MIAMI BEACH, FL 33162	<del></del>	N	ORTH	MIAMI BE	ACH, F	L 33	162
			_	_					
		10/13/2017		L1	700021	12657			
3.		Date of filing/registration in Florida	4.			Document n	umber	_	
5	(a)	MAGALIE MICHEL							
٥.	(4)	Registered Agent and Registered Office shown on the records of the	he Floric	da De	pt. of State	· <del>}</del> :			
		1398 NE 178TH STREET							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	<u> </u>	2817		
						-	-:•	ACN L	î EE
		NORTH MIAMI BEACH33162			ro ro	6-3	ŭ . ~,		
	(b)	PRISCILLA MICHEL			-			0 8	•
	, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddres	<u>ss</u> :	•	· :	=	
		1398 NE 178TH STREET					,	03	
		NEW Registered Office Address:			<u></u>	-			
				_		-			
		NORTH MIAMI BEACH , FL	33162	2		-			
the ag was the	cha ent v s/we arti Signa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree	the reg bility of the lin limited	ister comp mited liab	red office bany, it is d liability ility com ) Contact this cane	e and the busis hereby configured on pany.  Printed or type acity. I furth	iness off firmed the as other as other	f signee	the registered change(s) provided in
pro the to no	ovisi e obl mere tifiee	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have been address, I have been address, I have been address.	perjorn I for in ereby (	nanc Cha conf	se of my c pter 605 irm that i	auties, and l i, F.S. Or, if the limited li	am fami this doci ability c	tiar wi ument ompan	ith and accept is being filed ly has been

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

Signature of Registered Agent