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| (Re                     | equestor's Name)      |              |
|-------------------------|-----------------------|--------------|
| (Ac                     | ddress)               |              |
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| (Ci                     | ity/State/Zip/Phone # | <del>)</del> |
| PICK-UP                 | MAIT                  | MAIL         |
| (Bi                     | usiness Entity Name   | )            |
| (D                      | ocument Number)       |              |
| Certified Copies        | Certificates o        | f Status     |
| Special Instructions to | Filing Officer:       |              |
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## COVER LETTER

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☐ \$55 Filing Fee & Certified Copy

| TO: Registration Section Division of Corporations  |   |
|--|---|
| DATA PROTECTION SERVICES LLC   |   |
|  | d 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:  |
| ADAM LOSEY   |   |
| Name of Person   |   |
| LOSEY PLLC   |   |
| Firm/Company   |   |
| 1420 EDGEWATER DR.   |   |
| Address  | <del></del>   |
| ORLANDO, FL 32804  |   |
| City/State and Zip Code  |   |
| ALOSEY@LOSEY.LAW   |   |
| E-mail address: (to be used for future annual report i   | notification)   |
| For further information concerning this matter, please call  | :   |
| ADAM LOSEY 407   | 9061605   |
| 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:  |   |

INHS18 (2/14)

☑ \$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.

| 1. N                                | ame of the limited liability company: DATA PRO   | TECTION   | SERVICE   | SLLC   |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
|                                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | Ma  | iling address of limited liability company:  Note: MAY BE POST OFFICE BOX  |
|                                     | 618 E. SOUTH STREET SUITE 500  |   | 1420 EDG  | SEWATER DR.  |
|                                     | ORLANDO, FL 32801  |   | ORLANDO   | D, FL 32804  |
|                                     | 01/07/2019   |   | L19000008   | 732  |
| 3.                                  | Date of filing/registration in Florida   | 4.  | D   | ocument number   |
| 5. (a                               | <b>)</b>   |   |   |  |
| (                                   | Registered Agent and Registered Office shown on the records of LOSEY PLLC  | of the Florida  | Dept. of State:   |  |
|                                     | Registered Office Address (MUST BE FLORIDA STREE   | T INDRESS   |   |  |
|                                     | 450 S. ORANGE AVENUE SUITE 550   | <u>r address</u> ,  |   |  |
|                                     |  | 22004   |   | 201  |
|                                     | ORLANDO I  | <sub>2L</sub> 32801   |   |  |
|                                     |  |   |   | <b>`</b>   |
| (b)                                 | Enter name of NEW Registered Agent and/or NEW Register   | ed Office add   | ress:   |  |
|                                     |  |   | - <u></u> -   |  |
|                                     | LOSEY PLLC   |   |   | œ.   |
|                                     | NEW Registered Office Address:   |   |   | 6 1  |
|                                     | 1420 EDGEWATER DR.   |   |   |  |
|                                     | ORLANDO  | 32804   |   |  |
| If tha                              | limited liability company is not organized under the l   |   | Cross of Ulasi  | do le la banales anni Turre d'Alexa (C.)   |
| the ch<br>agent<br>was/w<br>the art | ange 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 icles of organization or the operating agreement of the          | of the regis<br>liability con<br>s of the limi<br>ne limited li | ered office a<br>npany, it is h<br>ted liability c<br>ability compa | nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in  |
| Sign                                | Adam Lossy ature of a member or authorized pepresentative of a member  | ADA   | M LOSEY   | the decree of the second secon |
|                                     |  | anno to aut   |   | rinted or typed name of signee   |
| provis<br>the ob<br>to mer          | thy accept the appointment as registered agent and a ions of all statutes relative to the proper and completions of my position as registered agent as provided with the conflict address, and writing of this change.  Losey PLLC | gree to act<br>le performa<br>led for in C<br>I hereby co       | in this capac,<br>nce of my du<br>hapter 605, }<br>nfirm that the   | ity. I jurther agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been  |
| Signati                             | ure of Registered Agent  |   |   |  |