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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000437035 3)))



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To: Division of Corporations  
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From: Account Name : INCFILE.COM LLC  
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Phone : (888)462-3453  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC REGISTERED AGENT CHANGE  
CYBROS. SECURITY SOLUTIONS, PLLC**

Certificate of Status	0
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYBROS. SECURITY SOLUTIONS, PLLC

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:

LOVETTE DOBSON

Name of Person

INCFE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

at ( 888 ) 462-3453

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000437035 3)))

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: CYBROS. SECURITY SOLUTIONS, PLLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

66 W Flagler Street STE 900 #6429

Miami, FL 33130

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

7901 4th St N STE 300

St. Petersburg, FL 33702

01/24/2019

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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
REGISTERED AGENT'S INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St N STE 300

St. Petersburg, FL 33702

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

REPUBLIC REGISTERED AGENT LLC

NEW Registered Office Address:

1150 Nw 72nd Ave Tower 1 Ste 455

Miami, FL 33126

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.

Tercel Sandifer

Signature of a member or authorized representative of a member

Tercel Sandifer

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.

Chavette Dahan

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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