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(Re	equestor's Name)	
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SECRETARY OF CALLAHASSEFF FEED





2020 July - 1 For 12: 57

Letter Number: 420A00009115

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2020

AVERY ROZAR 5435 HOPEWELL MANOR DRIVE CUMMING, GA 30028

SUBJECT: TROLLEYE SECURITY, LLC

Ref. Number: L19000094606

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The attached form must be completed in order to file the document.

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) 245-6050.

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: Troll Eye Security	LLC e of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the fo	ollowing:
Avery Bozar Name of Person	 	_
Troll Eye Security LLC Firm/Company		
5435 Hopewell Manor Dr. Address		
Cumming, GA 30028 City/State and Zip Code		- ,
E-nfail address: (to be used for future annu	lal report notific	cation)
For further information concerning this matter,	please call:	
Avery ROzar Name of Person	at (<u>850</u>) 559-6099 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	□ \$5	5 Filing Fee & Certified Copy

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. 1	Name of the limited liability company: TrollEye	Security	LLC	
	•	J		
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	100 S. Ashlow Dr - Swite 600	543	5 Hopewell Manor Dr.	
	100 S. Ashley Dr Suite 600		•	
	Tampa, FL 33602	<u>Cuin</u>	ming, GA 30028	
	04/05/2019	1 197)00094606	
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: 7ALL	**
	5575 S. Semoran Blud.			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	- L	
	Suite 36	<u> </u>		
	Orlando FL	_32822		
_(b	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	——————————————————————————————————————	
	100 S. Ashley Dr St. Suite NEW Registered Office Address:	e 600		
	Tampa .FL	33602		
If the	limited liability company is not organized under the lay	vs of the State of	Florida, it is hereby confirmed that after	the
chang agent was/v the ar	ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe <u>re</u> d office ability company, i of the limited liab limited liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided is company.	
	ature of a member or authorized representative of a member	Amy_	Printed or typed name of signee	
I her provi the q to no notiti	cby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I lead in writing of this change.	ee to act in this c performance of n d for in Chapter (icreby confirm th	apacity. I further agree to comply with a w duties, and I am familiar with and acc 605, F.S. Or, if this document is being fi at the limited liability company has been	the rept led i
/Sigha	ture of Registered Agent			