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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

Divi	ision of Corporations						
SUBJECT:	Rapid Action Security LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or i	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.				
Please return	n all correspondence concerning th	is matter to the	e following:				
Yvette Go	mez						
	Name of Person						
Rapid Acti	ion Security LLC						
	Firm/Company						
6520 Ken	dale Lakes Dr Unit 1004						
	Address						
Miami, Fl	33183						
	City/State and Zip Code						
•	on_sec@outlook.com						
E-mail	address: (to be used for future and	nual report not	ification)				
For further i	nformation concerning this matter	, please call:					
Yvette Go	mez	786 at (587-4013				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building Lexecutive Center Circle dahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Fallahassee, Florida 32314				
Enc	losed is a check for the following: (Fland) (Ppt						
⊉ \$	325 Filing Fee		\$55 Filing Fee & Certified Copy				

Registration Section

TO:

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: Rapid Action	Secu	ırity			
2. (a)	6520 Kendale Lakes Drive		(b) 5600 NW 72nd Avenue			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(- 7	λ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Unit 1004		;	#668601		
	Miami, FI 33183		-	Miami, F	I 33166	
	06/10/2019		L	1900015	3028	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Yvette Gomez					
\ /	Registered Agent and Registered Office shown on the records of	the Flo	rida E	Pept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET) 2406 WEST 52 TERRACE	ADDRI	ESS)			
	Hialeah	3301	16			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office a			<u>ess</u> :	SEP 26 A	
	NEW Registered Office Address:				FD AH 7: 52 CH 10M94	
	6520 Kendale Lakes Drive Unit 1004				¥€ ⊞ 252	
	Miami, Fi	_3318	33			
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the re iability of the l c limite	egiste / con limited lia	ered office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member		VCII	e Come.	Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to perfor ed for i hereby	act in rman in Ch v con	n this capa ice of my a apter 605, firm that t	icity. I further garee to comply with the	

Signature of Registered Agent