## 49000/81746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

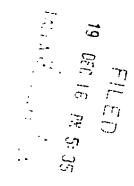
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JAN 1 6 2020 S. YOUNG



## COVER LETTER

Division of Corporations					
SUBJECT: Lock Pros LLC					
	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 n	natter to the following:				
Hossam A M Alaara	ıj				
Name of Person	<u></u>				
Lock Pros LLC					
Firm/Company					
1008 E Powhatan Ave					
Address	<del>-</del>				
Tampa FL 33604					
City/State and Zip Code					
hussam.araj@gmail.c	om				
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ase call:				
Hossam Alaaraj	nt ( 813 ) 679-3338				
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) Callahassee. Elorida 323145				
Enclosed is a check for the following amount:					
□ \$25 Filino Fee	☑ \$551Filino Ree & Certified Conv				

## 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.

l. N	ame of the limited liability company: $\bot$	ock Pros LL	<u>C</u>	
2. (a)			(h)	
	Principal office address of limited liabil (Note: MUST BE STREET AD)	ity company:	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1008 E Powhatan A	ve		1008 E Powhatan Ave
	Tampa, FL 33604	4		Tampa, FL 33604
	07/25/2019			L19000181746
3.	Date of filing/registration in F	lorida	4.	Document number
5. (a)				
	Registered Agent and Registered Office shown	on the records of t	he Florida Dept. of	(State:
	Mary Manso			
	Registered Office Address (MUST BE FLO	RIDA STREET A	DDRESS)	
	1008 E Powhatan Ave		_	表 吾 吾
	Tampa	1:1	33604	
		, 1 1		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>S</u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>3</u>	NEW Registered (	Office address:	
	Hossam Alaaraj			
	NEW Registered Office Address:	<del></del>	<del></del> -	<del></del> -
	1008 E Powhatan Ave			
				<del></del>
	Tampa	, Fl	33604	
Signat I herelarovisia be oblided mere	rill be identical. Or, in the case of a Florer authorized by an affirmative vote of the cles of organization or the operating agrange of a member or authorized representative of a process the approintment as requisional.	rida limited lial he members of cement of the l	the registered of pility company, the limited liability	f Florida, it is hereby confirmed that after flice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.    SSame   Academic   Printed or typed name of sence     Capacity   I further agree to comply with the my duties, and I am familiar with and acception     605, F.S. Or, if this document is being filed that the limited liability company has been
- Signatur	e of Registered Agent	<del></del>		

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