

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000138557

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC
Account Number : I20240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eric.miller910@yahoo.com

**LLC REGISTERED AGENT CHANGE
GIDEON 300 SECURITY AND PROTECTIVE SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2024 APR 16 PM 3:39

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2024 APR 16 PM 2:47

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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APR 16 2024

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIDEON 300 SECURITY AND PROTECTIVE SERVICES LLC
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:

Corporate Maintenance Lead

Name of Person

Processing Department

Firm/Company

1450 Vassar St

Address

Reno, NV 89502

City/State and Zip Code

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

For further information concerning this matter, please call:

Corporate Maintenance Lead

Name of Person

at (800) 638-2320

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

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. Name of the limited liability company: GIDEON 300 SECURITY AND PROTECTIVE SERVICES LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 03/06/24 4. L24000115113
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MILLER, ERIC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7395 OVERLAND PARK BOULEVARD

JACKSONVILLE, FL 32244

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

Inc Authority RA

NEW Registered Office Address:

390 North Orange Ave., Ste 2300-N

Orlando, FL 32801

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.

Eric S. Miller
Signature of a member or authorized representative of a member

Eric Miller

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.

James S. Miller
Signature of Registered Agent

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

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