

FEB-24-2009 12:51
DIVISION OF CORPORATIONS

JODY GORDON

518 626 8947 P.01

MO700006992

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATE SERVICE BUREAU, INC.
Account Number : I20070000141
Phone : (318) 463-8550
Fax Number : (518) 463-3752

FILED
09 FEB 24 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

T&M PROTECTION RESOURCES, LLC

Certificate of Status	0
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S. HAWKES
FEB 25 2009
EXAMINER

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FEB-24-2009 12:51

JODY CROWLEY

518 626 0947 P.02



February 24, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

T&M PROTECTION RESOURCES, LLC
42 BROADWAY, SUITE 1630
NEW YORK, NY 10004

SUBJECT: T&M PROTECTION RESOURCES, LLC
REF: M07000006992

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000041902
Letter Number: 509A00006421

RECEIVED
2009 FEB 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

FEB-24-2009 12:51

JODY CROWLEY

518 626 0947 P.03

(((H09000041902 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: T&M PROTECTION RESOURCES, LLC

2. (a) Principal office address of limited liability company: 42 Broadway, Ste. 1630
 (Note: MUST BE STREET ADDRESS) New York, NY 10004

(b) Mailing address of limited liability company: 42 Broadway, Ste. 1630
 (Note: MAY BE POST OFFICE BOX) New York, NY 10004

11/30/2007

3. Date of filing/registration in Florida

M07000006992

4. Document number

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

Registered Agent:

Corporate Service Bureau Inc.

(Agent Resigned)

Registered Office Address:

515 East Park Avenue
Tallahassee, FL 32301

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

NEW Registered Agent:

CORPORATE SERVICE BUREAU INC.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee FL 32301

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.

John Aleles
 (Sign of a member or authorized representative of a member)

John Aleles
 (Printed or typed name of signer)

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 608, 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.

Scott J. Schuster
 (Signature of Registered Agent)

Scott J. Schuster
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(NHS18 (05/08))

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TOTAL P.03