

MO7 000006L992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

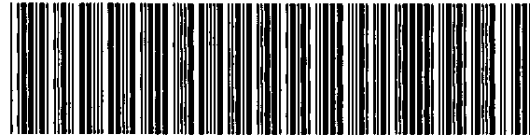
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

JUN 28 2012

**EXAMINER**



100236228131

06/25/12--01038--017 \*\*25.00

**FILED**  
12 JUN 25 AM 7:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T&M PROTECTION RESOURCES, 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:

JODY CROWLEY

Name of Person

CORPORATE SERVICE BUREAU INC.

Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY/NY 12206

City/State and Zip Code

jvc@corporatebureau.com

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

For further information concerning this matter, please call:

JODY CROWLEY

Name of Person

at ( 518 )

463-8550

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  
Tallahassee, Florida 32314

**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 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: 230 PARK AVENUE

**(Note: MUST BE STREET ADDRESS)**

SUITE 440  
NEW YORK NY 10169

(b) Mailing address of limited liability company: 230 PARK AVENUE

**(Note: MAY BE POST OFFICE BOX)**

SUITE 440  
NEW YORK NY 10169

11/30/2007

M07000006992

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:

Registered Agent: CORPORATE SERVICE BUREAU INC.

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:  
**(MUST BE FLORIDA STREET ADDRESS)** 1540 GLENWAY DRIVE  
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.

  
Signature of a member or authorized representative of a member

Robert S. Tucker, Member  
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 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.*

Signature of Registered Agent

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

RECEIVED  
TALLAHASSEE, FL  
12 JUN 25 AM 10:55