

MI3000000533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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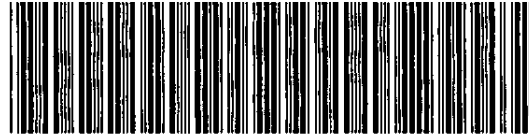
(Business Entity Name)

(Document Number)

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TALLAHASSEE-FLORIDA

AUG 13 2013
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASISS FLORIDA 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:

ANTHONY STONE

Name of Person

ASISS FLORIDA LLC

Firm/Company

137 SNEDEN PLACE WEST

Address

SPRING VALLEY, NY 10977

City/State and Zip Code

stone@asinvestigations.com

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

For further information concerning this matter, please call:

ANTHONY STONE

Name of Person

at (845) 352-1055

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

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TALLAHASSEE FLORIDA

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: ASISS FLORIDA LLC

2. (a) Principal office address of limited liability company: 2121 CORPORATE SQUARE DR.
(Note: MUST BE STREET ADDRESS) SUITE 235
JACKSONVILLE, FL. 32216

(b) Mailing address of limited liability company: 137 SNEDEN PLACE WEST
(Note: MAY BE POST OFFICE BOX) SUITE 137
SPRING VALLEY, NY 10977

01/25/2013
3. Date of filing/registration in Florida

M13000000533
4. Document number

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

Registered Agent: ANTHONY STONE


Registered Office Address: 11611 EAST GREENLAND HIDEAWAY DR.
JACKSONVILLE, FL. 32258

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

NEW Registered Agent: _____

NEW Registered Office Address: 2121 CORPORATE SQUARE BLVD.
(MUST BE FLORIDA STREET ADDRESS) SUITE 235
JACKSONVILLE, FL 32216

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

ANTHONY STONE

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