M14000007563

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

DEFENSOR SECURITY

January 12, 2015

Registration section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reference No. M14000007563-Defensor Security Limited Liability Company

Dear Sir/Madame,

We filed an application in October 2014 to transact business in the state of Florida. On the application question 7 - Name, Title, Address of person who has authority to manage business: We put the actual manager and not the Officer of the company which is Mr. Robert Gooden . Attached is the amendment correcting our error and a check for $25.00. Mr. Flagg is still the registered agent of the company.

Please contact me if you have any questions at 703-746-8572 or twiggins@defensorsec.com.

Sincerely,

Robert Gooden, President

7686 Richmond Highway, Suite 117 Alexandria, VA 22306 703-746-8572 (Phone) 703-746-8861 (Fax)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Defensor Security Limited Liability Company (LLC)
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tambra Wiggins / Robert Gooden
Name of Person

Defensor Security LLC
Firm/Company

7686 Richmond Hwy Ste 117
Address

Alexandria VA 22306
City/State and Zip Code

twiggins@defensorsec.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tambra Wiggins at (703) 746-8572
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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☑ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Defensor Security Limited Liability Company

2. The Florida document number of this limited liability company is: M14000007563

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: October 16, 2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

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TALLAHASSEE, FLORIDA
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New Registered Agent's Signature, if changing Registered Agent:
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.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Officer	William Flagg	87 Corington Circle Crawfordville, FL 32327	☐ Add ☑ Remove
Officer/President	Robert Gooden	7686 Richmond Hwy Ste 1170 Alexandria, VA 22306	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Robert Gooden

Typed or printed name of signee

Filing Fee: $25.00