N04000007657

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Amendment Section

TO:

Division of Corporations SUBJECT: Center for Integrated Transportation Safety and Secur Name of Corporation N04000007657 DOCUMENT NUMBER:_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James J. Riola Name of Contact Person Center for Integrated Transportation Safety and Security ____. Firm/Company 10151 University Blvd. PMB 205 Address Orlando, FL 32817 City/State and Zip Code jriola@citss.org E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

James J. Riola

Name of Contact Person

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	rporation organized	07.1508, or 617.1508, Flo l under the laws of the Sta l agent, or both, in the Stat	te of Florida
	the corporation: Center office address: 4581 C	_		Safety and Security, Inc
3. The mailing a	address (if different): 10	151 University B	livd. PMB 205, Orlan	do, FL 32817
4. Date of incor	poration/qualification:	08/04/2004	Document number:	N0400007657
	d street address of the cur rtment of State: (If resign		t and registered office on t	ile with the
	A.G.C. Co.			
	200 S. Orange Ave	e. Suite 2300		
	Orlando, FL 32801	•		FII ZOUS JUL SECRET
6. The name and (if changed):	d street address of the new	w registered agent (i	f changed) and /or register	ed office ASS
	James J. Riola			PF FILE
	4581 Old Carriage			53
	Oviedo, FL 32765	P.O. Box NOT acc	eptable	
The street address changed will	ess of its registered office I be identical.	e and the street add	lress of the business offic	e of its registered agent,
Such change wauthorized by t	as auth orized by resolut he board, of the corpora	ion duly adopted by tion has been notifi	its board of directors or ed in writing of the chang	by an officer so ge.
gnati	ire or an officer or director		James J. Riol Printed or typed nam	a/ Manager
I favethán acresa	to accomply with the provi	icione of all etatuta	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, i	ty. id complete performance istered agent. Or, if this hereby confirm that the
	Shature of Registered Agent		9/9/Date	9
If signing on be	ehalf of an entire:	L		

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name