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<ul> <li>Limited Liability</li> <li>Domestication</li> </ul>	Change	<ul> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> </ul>				
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Florida Department of State, \_\_\_\_\_ Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_National Mounted Security Corp.

2. The mailing address of the corporation is: P. O. Box 770877, Miami FL 33177 770977							
3. Date of incorporation/qua	lification:	9/12/2000	Document nun	nber: P00000086136			
4. The name and address of t	he current re	gistered agent and	l office:				
	Nelson Meneses			02 S			
	15451 S	SW 160 St.		SEP -			
bannar (1983) (* 1997) 1997	Miami F	E 33187					
5. The name and address of the	ne new regist	tered agent and of	fice: (P. O. Box Not				
	I <b>1∉</b> ana	M. Meneses	<u> </u>	ORI ORI			
	15451 S	SW 160 St.					
	Miami H	FL 33187					

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

111

Signature of an officer, chairman or vice chairman of the board)

**FILING FEE: \$35.00** 

[1] **2** ana M. Meneses, President (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Keneses (Signature of Registered Agent)

If signing on behalf of an entity: Typed or Printed Name)

CR2E045(4/95)

MAIL TO: Secretary of State, Division of Corporations, P. O. Box 6327, Tallahassee FL 32314