

P02000007936  
TRANSMITTAL

TO: Amendment Section  
Division of Corporations

FILED  
APR 14 AM 9:58  
TALLAHASSEE, FLORIDA

SUBJECT: Command Protective Svcs, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P02000007936

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:

PA  
Change

Alberto Cigales  
(Name of person)

Command Protective Services, Inc.  
(Name of firm/company)

18871 NW 84 Court # 1001  
(Address)

Miami, FL 33015  
(City/state and zip code)

100007519161--8  
-09/04/02--01064--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

For further information concerning this matter, please call:

Alberto Cigales at (786) 823-5473  
(Name of person) (Area code & daytime telephone number)

number disconnected

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

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

Street Address:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

00706  
\* 00789, 00721, 00672

APR  
9/30/02



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 13, 2002

Alberto Cigales  
Command Protective Services, Inc.  
18871 NW 84 Court #1001  
Miami, FL 33015

SUBJECT: COMMAND PROTECTIVE SERVICES CORP.  
Ref. Number: P02000007936

We have received your document for COMMAND PROTECTIVE SERVICES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 902A00052387

**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,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: Command Protective Services, CORP.
2. The principal office address: 11201 SW 55 Street # 215  
Miramar, FL 33025
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/16/02 Document number: P02000007936

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Mercedes Dovillet  
11201 SW 55 Street # 215  
Miramar, FL 33025

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6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

Albert Cigales  
18871 NW 84 Court # 1001  
(P.O. Box or personal mailbox NOT acceptable)  
Miami, FL 33015

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, or the corporation has been notified in writing of the change.

X Albert Cigales  
(Signature of an officer, chairman or vice chairman of the board)

Albert Cigales, Director  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

X Albert Cigales  
(Signature of Registered Agent)

X 8-26-02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314