

P03000/20229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

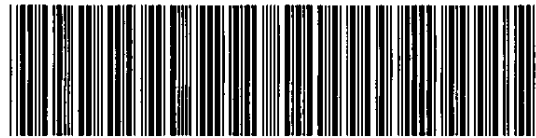
(Business Entity Name)

(Document Number)

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RD change  
New  
7-6-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Virtual Protective Services Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P03000120229

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:

Prinston Stern  
Name of Contact Person

Virtual Protective Services Inc.  
Firm/Company

545 North Andrews Avenue Suite #201  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

vpsi09@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin A. Williams at ( 386 ) 898-7631  
Name of Contact Person Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

June 25, 2009

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

On June 24, 2009 I sent in a change of address form for Virtual Protective Services Inc., Document Number P03000120229 along with a \$35.00 fee for the change of address for the corporation and also the registered agent. The original form was not signed and I am sending this signed copy of the form replacing the original one that was sent out on June 24, 2009 that was not signed. I apologize for this inconvenience.

Sincerely,

A handwritten signature in black ink, appearing to read "P. A. Stern", followed by a long horizontal flourish.

Princeton A. Stern  
President

RECEIVED  
2009 JUN 30 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Virtual Protective Services Inc.
2. The principal office address: 545 North Andrews Avenue Suite #201  
Fort Lauderdale, FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/27/2009 Document number: P03000120229
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stern, Princeton A.  
4764 West Commercial Blvd  
Tamarac, FL 33319

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

Stern, Princeton A.  
545 North Andrews Avenue Suite #201  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33301

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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.

P. A. Stern  
Signature of an officer or director

Princeton A. Stern, President  
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.*

P. A. Stern  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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