P04000052196

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	»#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400058568324

08/23/05-01023-003 ****

ALLAHASSEE, FLORIDA

FILED

R.A. Change

T BROWN AUG 3 1 2005

COVER LETTER -

TO: Amendment Section Division of Corporations
SUBJECT: 18 Elements Security, Inc. (Name of corporation)
DOCUMENT NUMBER: Po 40000 52196
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:
Alfred W Clark (Name of contact person)
(Firm/Company)
215E,5th Ave
Tellahassee [-] 37303 (City/state and zip code)
For further information concerning this matter, please call:
Same (850) 724 6/6/ (Name of contact person) at (850) 724 6/6/ (Area code & daytime telephone number)
(realise of contact person)
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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 18 Elements Security Sic.
2. The principal office address: 10 33 8 Morsh Acut Dose
JARCONUME FI 30010
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/24/64 Document number: P0400052196
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Alfred 62. Clark
117 5. badsday 54 Ste 201
Tallahausee F1 32301 PE 8
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Alfred W. Clark
715 F. 5 Th Avenue BA 35 (P.O. Box NOT acceptable)
Tallaharree Fl 32303
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.
(Signature of an officer or 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.
8)23/05
If signing on behalf of an entity:
(Typed or Printed Name)

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