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COVER LETTER

	sion of Corporations	
SUBJECT:_	M & R SECURITY SERVICE, INC	
202011	Name of Co	orporation
DOCUMEN	P04000102721	
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	JUAN J. PEREZ	
	Name of Con	tact Person
	PEREGONZA LAW GROUP,	PLLC
	Firm/Co	mpany
	1414 NW 107TH AVE SUITE 3	02
	Addr	ess
	DORAL, FLORIDA 33172	
	City/State an	d Zip Code
	OFFICE@PEREGONZA.COM	
	E-mail address: (to be used for fu	iture annual report notification)
For further in	aformation concerning this matter, please c	all:
JUAN J. P	EREZ	786 650-0202
	Name of Contact Person	_at () Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Depart	ment 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

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

statement of cha	provisions of sections 607.0302, 617.030 nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of	FLOR	RIDA	_
1. The name of t	he corporation: M & R SECURITY S	ERVICE, INC			
	office address: 4711 NW 79 Ave Sui LORIDA 33166	ITE 18H	<u>—</u>		
4. Date of incorporation/qualification: 07/09/2004 Document number: P04000102721					
	street address of the current registered a tment of State: (If resigned, enter resigne		vith the		
	Rodriguez, Ana		<u>·.</u>		
	4711 NW 79 Ave Suite 18R	· · · · · · · · · · · · · · · · · · ·	₩ 5 ° 	2018 AFR-9	
	DORAL, FLORIDA 33166		·.· : -	F6 15	<u></u>
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered o	ffice	9 1811:	
	PEREGONZA LAW GROUP, PL	LC	-	1: 42	
	1414 NW 107TH AVE SUITE 30	2	7	10	
P.O. Box NOT acceptable		acceptable	_		
	DORAL, FLORIDA 33172	<u> </u>	_		
_	ss of its registered office and the street be identical. s authorized by resolution duly adopted board, or the corporation has been not				ent,
Signatu	e of an officer or director	Printed or typed name and t	itle		_
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent an o comply with the provisions of all stati my duties, and I am familiar with and a s document is being filed merely to refl that the corporation has been notified in	d agree to act in this capacity. Ites relative to the proper and co ccept the obligation of my positic ect a change in the registered offi In writing of this change.	mplete in as reg ice addr	gistered ess, I	
0	for	3/2/2018			_
	nature of Registered Agent	Date			
•	half of an entity:				
JUAN J. PEF					
13	pped or Printed Name * * * FILING FE	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)