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(Re	equestor's Name)	
(110	Adoption of Marrier	
(Ac	idress)	
(Address)		
(Ċi	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL.
; (Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	,
	Office Use Only	



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: INVESTIGATIVE INTELLIBERIES AND SECURITY GROW INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P05000721/0</u>
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:
MR. WEHREL SANKEY (Name of Contact Person)
TAKESTICATIVE FATELISENCE MID SECURITY GROWN INC. (Firm/Company)
7213 RIDGE PORT DRIVE (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL SAWKEY at (BIS) 857 - 4528 (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 Cornorations Street Address: Amendment Section Division of Cornorations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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 ofFCOLIDA
1. The name of the corporation: Threshearthe Interchance AND Severy Garden In
2. The principal office address: 7213 RIDEFPART DR. TAMPA, FLORIDA 33647
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/16/2005 Document number: PO5000072110
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LARRY WESTCOTT
510 CLARA DRIVE
BRANDON, FLORIDA 33510
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MICHAEL SANKEY PER 8
(P.O. Box NOT acceptable)
Q(mm 1 ° °
TAMMA, FLDAINA 33647 SEX
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 office authorized by the board, or the corporation has been notified in writing of the change.
VICTOR MARQUET VICE PRESIDENT
(Signature of an Afficer of director) 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.
Signature of Registered Agent) (Signature of Registered Agent)
If signing on behalf of an entity:
MICHAEL H. SANKEY (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 CR2E045 (8/05)