Par 10000042557

| (Re | equestor's Name) | <u> </u> |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| , | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | :#) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer; | |
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| | Office Use On | lv |



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02/19/07--01014--023 **35.00

DIVISION OF CORPORATIONS

(2 2/20/07 BO

COVER LETTER

| TO: | : Amendment Section Division of Corporations | | | | |
|--|--|---------------------------------------|--|--|--|
| SUBJI | BJECT: GEOTIC SECURITY ACADEMY, INC. (Name of Corporation) | | | | |
| DOCE | CUMENT NUMBER: P06000042557 | | | | |
| The en | enclosed Statement of Change of Registered Office/Agent and fee are | submitted for filing. | | | |
| Please | ase return all correspondence concerning this matter to the following: | | | | |
| | DUMERLUS,ROBENSON | | | | |
| | (Name of Contact Person) | | | | |
| GEOTIC SECURITY ACADEMY, INC. (Firm/Company) | | | | | |
| 190 N.E.199th ST. SUITE 104 (Address) | | | | | |
| | (Addices) | | | | |
| MIAMI,FLORIDA 33179 | | | | | |
| | (City/State and Zip Code) | | | | |
| For fur | further information concerning this matter, please call: | | | | |
| <u> </u> | DUMERLUS, ROBENSON at (305) (Name of Contact Person) (Area Code & | 305-1324 Daytime Telephone Number) | | | |
| Enclos | losed is a \$35.00 check made payable to the Department of State. | | | | |
| | | Idress: lent Section | | | |
| | Division of Corporations Division P.O. Box 6327 Clifton I | of Corporations Building | | | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

| - | • | 617.0502, 607.1508, or 617.1508, Florida St | • |
|-------------------------------------|---|---|--|
| | | on organized under the laws of the State of F | |
| in orde | r to change its registered office o | or registered agent, or both, in the State of Flo | orida. |
| 1. The name of t | the corporation: GEOTIC SECU | URITY ACADEMY,INC. | |
| 2. The principal | office address: 190 N. E.199th | STREET SUITE # 104 | |
| | MIAMI,FLORIDA 33179 | | |
| 3. The mailing a | ddress (if different): SAME AS | ABOVE | |
| | | | |
| 4. Date of incorp | poration/qualification: 03/24/06 | Document number: P060000 | 42557 |
| | I street address of the current regitment of State: | istered agent and registered office on file with | the |
| | DUMERLUS,RO | OBENSON | |
| | 18250 N.W.2ND | AVENUE SUITE 202 | • |
| | MIAMI GARDEN | IS,FLORIDA 33169 | |
| 6. The name and (if changed): | street address of the new register | ered agent (if changed) and /or registered offic | e |
| | DUMERLUS | , ROBENSON | |
| | 190 N. E.199th ST | TREET SUITE # 104 | |
| | (P.O. Box NOT | * * | |
| | MIAMI,FLC | ORIDA 33179 | |
| The street addre as changed will | ess of its registered office and the be identical. | ne street address of the business office of its | registered agent, |
| Such change was authorized by the | s authorized by resolution duly be board, or the corporation has | adopted by its board of directors or by an obeen notified in writing of the change. | fficer so |
| Signatu | re of an officer of director) | DUMERLUS, ROBENSON- (Printed or typed name and titl | |
| of my duties, and document is bei | the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this | igent and agree to act in this capacity. Fall statutes relative to the proper and comp the obligation of my position as registered ige in the registered office address, I hereby change. | lete performance agent. Or, if this confirm that the |
| | | 02/15/07 | |
| (Sig | mature of Registered Agent) | (Date) | |
| If signing on bel | half of an entity: | | |
| DUME | RLUS, ROBENSON | | |
| (T | yped or Printed Name) | · · · · · · · · · · · · · · · · · · · | • |

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