

P06000083439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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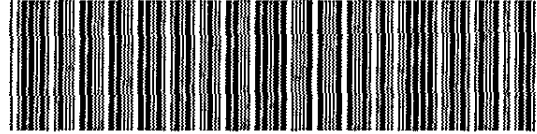
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASL

10/20/06

OCTAVIO L. MARTINEZ, P.A.

9595 N. KENDALL DRIVE, SUITE 200
MIAMI, FL 33176

TELEPHONE: 305.274.2321
FACSIMILE: 305.596.5854

WWW.OLMLAW.COM
E-MAIL: OCTAVIO@OLMLAW.COM

October 18, 2006

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Our Client : Alarm Masters, Corp.
Our File No. : 06-8001

Dear Sir/Madam:

Please be advised that I represent Alarm Masters, Corp. The physical and mailing address for the corporation have changed to the following:

7741 N.W. 7th Street
#409
Miami, FL 33126

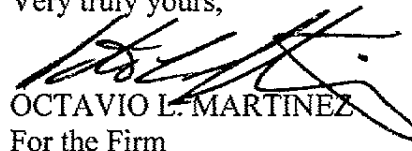
Accordingly, we would appreciate you updating your records.

The Registered Agent address has also changed. Enclosed are the following:

1. Cover Letter;
2. Statement of Change of Registered Office or Registered Agent;
3. Check No. 2078 in the amount of \$35.00.

If you require anything further, please feel free to contact the undersigned.

Very truly yours,


OCTAVIO L. MARTINEZ
For the Firm

OLM:
Enclosures: As stated.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alarm Masters, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P06000083439

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:

Octavio L. Martinez
(Name of Contact Person)

Octavio L. Martinez, P.A.
(Firm/Company)

9595 N. Kendall Drive, Suite 200
(Address)

Miami, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Octavio L. Martinez at (305) 274-2321
(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

**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: Alarm Masters, Corp.
2. The principal office address: 7741 N.W. 7th Street, #409
Miami, FL 33126
3. The mailing address (if different): same

4. Date of incorporation/qualification: 6/19/2006 Document number: P0600004131
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

Yulian Tang
9331 S.W. 220 Terrace
Miami, FL 33190

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

Yulian Tang
7741 N.W. 7th Street, #409
(P.O. Box NOT acceptable)
Miami, FL 33126

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]
(Signature of an officer or director)

Yulian Tang, 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.

[Signature]
(Signature of Registered Agent)

10/17/06
(Date)

If signing on behalf of an entity:

N/A
(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) --