

P06000099615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

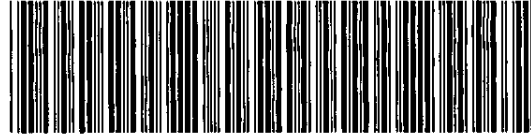
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 9 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STRATEGIC PARASECURITY SERVICES, INC.
Name of Corporation

PO6000099615/
DOCUMENT NUMBER: CHANGE OF PHYSICAL ADDRESS

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:

ALEJANDRO MACIAS
Name of Contact Person

STRATEGIC PARASECURITY SERVICES, INC.
Firm/Company

PO BOX 330633
Address

MIAMI FL 33233-0633
City/State and Zip Code

alex @ spsamerica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO MACIAS at (305) 606-0387
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: STRATEGIC PARASECURITY SERVICES, INC.
2. The principal office address: 2350 CORAL WAY, SUITE 202
MIAMI, FL. 33145
3. The mailing address (if different): PO BOX 330633
MIAMI, FL. 33233-0633
4. Date of incorporation/qualification: 7/28/2006 Document number: PO6000099615
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

OLD
PHYSICAL
ADDRESS

{ 3540 ROCKEFELLER ROAD
MIAMI, FL. 33133

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

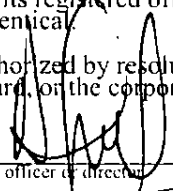
NEW
PHYSICAL
ADDRESS

{ 2350 CORAL WAY SUITE 202
MIAMI, FL. 33145
P.O. Box NOT acceptable

15 JUN -1 AM 9:53
DIVISION OF CORPORATIONS

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.

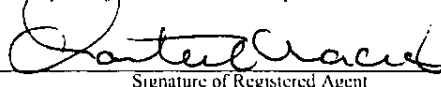


Signature of an officer or director

ALEJANDRO MACIAS / V.P.

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 of Registered Agent

5-28-2015

Date

If signing on behalf of an entity:

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 (03/12)