

P07000114178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

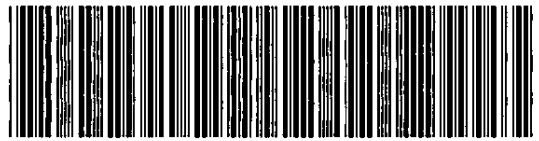
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Protection Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000114178

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:

Omar Lopez
Name of Contact Person

Total Protection Group, Inc.
Firm/Company

16819 SW 1st Manor
Address

Pembroke Pines, FL 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

Omar Lopez at (786) 325-6597
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
266 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: Total Protection Group, Inc.

2. The principal office address: 16819 S.W. 1ST Manor
Pembroke Pines, FL 33027

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/11/2009 Document number: P07000114178

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)

Omar Lopez
321 SW 84th Ave, #107
Pembroke Pines, FL 33025

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

Omar Lopez
16819 S.W. 1ST Manor
Pembroke Pines, FL 33027

SECRETARY OF STATE
MAIL ROOM
TALLAHASSEE, FL 32314
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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.

Omar Lopez
Signature of an officer or director

Omar Lopez, PVST
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.

Omar Lopez
Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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