P07000117709

(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
•						
(Business Entity Name)						
(Document Number)						
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RA. Clore C.COULLIETTE

NOV 1 2 2009

EXAMINER

COVER LETTER

TO:	Amendmer Division of	t Section Corporations						
SUBJI	ECT:	G8 Investig	ations And P Name of Corpo	rotection, Inc.				
DOCU	MENT NU	MBER:	P07000	117709				
The en	closed States	ment of Change of Re	gistered Office/Ag	ent and fee are subm	itted for filing.			
Please	return all co	rrespondence concern	ing this matter to t	he following:				
	_	·	John P. Pe	sce				
	•	***************************************	Name of Contact	Person				
G8 Investigations And Protection, Inc.								
	Firm/Company							
	Post Office Box 21486 Address							
Fort Lauderdale, FL 33335								
Fort Lauderdale, FL 33335 City/State and Zip Code								
	G8_CEO@yahoo.com							
	E-mail address: (to be used for future annual report notification)							
For fur	ther informa	tion concerning this n	natter, please call:					
		John P. Pesce	at	954	734-0063			
	Nan	ne of Contact Person		Area Code & Day	734-0063 time Telephone Number			
Enclos	ed is a \$35.0	0 check made payable	to the Departmen	t of State.				
		Mailing Address Amendment Se	<u>ı:</u> ction	Street Address Amendment S	s: Section			
		Division of Co	porations	Division of C	-			
		P.O. Box 6327 Tallahassee, FL	. 32314	Clifton Build	ing ve Center Circle			
		1 ununu3500, 1 L	LLLIF	Tallahassee, I				

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

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flort under the laws of the State agent, or both, in the State	of FLORIDA			
			nd Protection, Inc.	oy 1 sor mu.			
2. The principal Davie, FL	office address: 7790 Pa	addock Place					
	ddress (if different): Pos	st Office Box 214					
	derdale, FL 33335						
4. Date of incom	poration/qualification:	10/29/2007	Document number:	P07000117709			
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)							
	John P. Pesce						
	600 SW 110th Aver	nue #301					
	Pembroke Pines, F	L 33025					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	John P. Pesce			क्षा ७ विकास			
	7790 Paddock Plac			PH 2			
	Di- El 00000	P.O. Box NOT acco	eptable				
	Davie, FL 33328		<u> </u>				
The street address changed will	ess of its registered office be identical.	e and the street add	ress of the business office	of its registered agent,			
Such change was authorized by the	as authorized by resolution beard, or the corporation	on duly adopted by on has been notifie	its board of directors or bed in writing of the change	y an officer so			
Signatu	re of an officer ordirector	-	John P. Pesce, Pre	sident & CEO			
Thereby accept I further agree of my duties, an document is bei corporation has	the appointment as regis to comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes accept the obligat a change in the re of this change.	ree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the			
11/5/2009							
	nature of Registered' Agent half of an entity:		Date				
	John P. Pesce yped or Printed Name						

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