

PD80000008781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

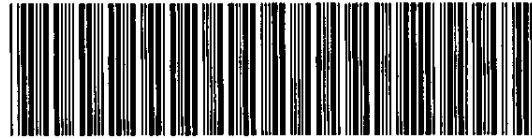
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253633616

11/18/13--01004--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 18 PM 12:40

R+A/RD/ch8
@ 11.21.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Freeman Security Services Inc.
Name of Corporation

DOCUMENT NUMBER: P08000008781

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:

Militza Arias

Name of Contact Person

Freeman Security Services Inc.

Firm/Company

5770 W. Irlo Bronson Memorial Hwy.

Address

Suite 129, kissimmee, FL 34746

City/State and Zip Code

Administration@freemansecurity.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren W. Freeman

Name of Contact Person

at (407) 507-3880

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: Freeman Security Services Inc.
2. The principal office address: 5770 W. Irlo Bronson Memorial Hwy., Suite 129
Kissimmee, FL 34746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/23/2008 Document number: P08000008781

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)

Denise D'amico (Resigned)

939 Delano Ct.

Kissimmee FL 34758

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

Militza Arias

5770 W. Irlo Bronson Memorial Hwy., Suite 129

P.O. Box NOT acceptable

Kissimmee FL 34746

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV 18 PM 12:16

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.

W. W. Freeman CEO
Signature of an officer or director

Darren W. Freeman CEO
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.

Militza Arias
Signature of Registered Agent

11-11-13
Date

If signing on behalf of an entity:

Freeman Security Services Inc.

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)