P09000032432

· (Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	*
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100152674371

Ro My





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2009

LINDA JACKSON EDWARD P. JACKSON, P.A. 255 N LIBERTY ST JACKSONVILLE, FL 32202

SUBJECT: PHANTOM SECURITY, INC.

Ref. Number: P09000032432

We have received your document for PHANTOM SECURITY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An officer or director must sign form also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 909A00014643

SECRETARY OF STATE ALL AND A STALE

00:8 HA 81 YAM 8:00S

RCEINEL

COVER LETTER

Amendment Section

Division of Corporations

TO:

SUBJECT: Phantom Security, Inc (Name of Corporation) DOCUMENT NUMBER: P09000032432 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: Linda Jackson (Name of Contact Person) Edward P. Jackson, P.A. (Firm/Company) 255 N. Liberty Street (Address) Jacksonville, FL 32202 (City/State and Zip Code) For further information concerning this matter, please call: 904) 358-1952 (Area Code & Daytime Telephone Number) Linda Jackson (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of Floric er to change its registered office or registered agent, or both, in the State of Florida	l <u>a</u>		
1. The name of t	the corporation: Phantom Security Inc .		<u></u>	
2. The principal	office address: 5800 Beach Blvd., Suite 230, Jacksonville, FL 32207			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: April 9, 2009 Document number: P09000032	432		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)			
	Charles D. Sisak			
	4952 Bridgewater Çir.			
	Jacksonville, FL 32207	ZSE.	09	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETAR AHASS	MAY 18	FILE
	Charles D. Sisak	Mo	2	3
	5800 Beach Blvd., Suite 230 (P.O. Box NOT acceptable)		3: 06	
	Jacksonville, FL 32207	>		
The street addre	ess of its registered office and the street address of the business office of its regil be identical.	stered a	gent,	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an offic he board, or the corporation has been notified in writing of the change.	er so		
Charles !	Described CHARLES D. SISAL TREE (Printed or typed name and title)		7	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete nd I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby cor s been notified in writing of this change.	perform nt. Or, afirm the	nance if this at the	
Charles	Sund 05-12-09 (paging of Registered Agent) (Date)			
, ,	ehalf of an entity:			
	Typed or Printed Name)			

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