

P09000100474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JUN 13 2019

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BLACKWOLF SECURITY CONSULTANTS, INC  
Name of Corporation

DOCUMENT NUMBER: P09000100474

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:

ALEX ECHO

Name of Contact Person

BLACKWOLF SECURITY CONSULTANTS, INC.

Firm/Company

5705 SW 131 TERRACE

Address

MIAMI/FLORIDA 33156

City/State and Zip Code

AECHE@BLACKWOLFSECURITY.COM

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

For further information concerning this matter, please call:

ALEX ECHO

Name of Contact Person

at ( 786 ) 423-0223

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: BLACKWOLF SECURITY CONSULTANTS, INC

2. The principal office address: 5705 SW 131 TERRACE, MIAMI, FL 33156

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/15/2009 Document number: P09000100474

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)

ALEX ECHO  
5705 SW 131 TERRACE  
MIAMI, FL 33156

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

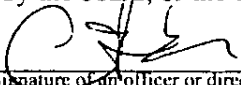
CHRISTOPHER ECHO  
5705 SW 131 TERRACE  
MIAMI, FL 33156

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL

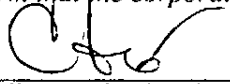
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

CHRISTOPHER ECHO, PRESIDENT  
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

5-31-19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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