(Requestor's Name)			
(Address)	30019893		
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	03/24/110103		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	(My Car)		

Office Use Only



39883

1--014 \*\*35.00



## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations			
SUBJECT:	VINAS SECU Name of C	RITY INC Corporation		
DOCUMENT NUM	ивек: P10	000004667		
	nent of Change of Registered Office	ce/Agent and fee are submit	ted for filing.	
Please return all cor	respondence concerning this matte	r to the following:		
	-	•		
	ERNEST	O VINAS		
_	Name of Co	ntact Person	<del></del>	
VINAS SECURITY INC				
	Firm/C	ompany		
-		( 960504 Tress		
	Auc	11 C 5 5		
	BALABAL EL O	DID 4 00000		
-	MIAMI, FLO City/State a	RIDA 33296 nd Zip Code		
<del>- ,</del>	ELBORI11@H	OTMAIL.COM	-	
İ	E-mail address: (to be used for t	uture annual report notifi	cation)	
D 6 4 1 6				
For further informati	ion concerning this matter, please	call:		
	RNESTO VINAS	at ( 786 )	2086587	
Name	e of Contact Person	Area Code & Daytir	2086587 ne Telephone Number	
Enclosed is a \$35.00	check made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Cor Clifton Buildin 2661 Executive	rporations g : Center Circle	
		Tallahassee, FL	. <b>3230</b> 1	

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

statement of cha	provisions of sections 607.0. ange is submitted for a corpo er to change its registered off	ration organized	d under the laws of the Ste	ate of FLORIDA	
	the corporation: VINAS S	Ü		ue oj rioriaa.	
2. The principal	office address: 14351 SV	/ 62 ST, MIA	MI, FLORIDA 33183		
3. The mailing a	address (if different): PO B	OX 960504, I	MIAMI, FLORIDA 33	296	
4. Date of incor	poration/qualification:	1/15/10	Document number:	P10000004667	
	d street address of the current rtment of State: (If resigned,		t and registered office on	file with the	
	SPIEGEL & UTRERA	, P.A.			
	1840 CORAL WAY, 4	TH FLOOR			
	MIAMI, FLORIDA 331	45		<del></del>	
6. The name and (if changed):	d street address of the new re	gistered agent (i	f changed) and /or registe	red office AHAR	Targare,
	ERNESTO J. VINAS				Delice i
	14351 SW 62 STREE	T, MIAMI, FL	ORIDA 33183		, co
		P.O. Box NOT acc	eptable	——————————————————————————————————————	
The street address changed will	ess of its registered office ar be identical.	nd the street add	lress of the business office	ce of its registered agent,	
Such change was authorized by the	as authorized by resolution to board, or the corporation	duly adopted by has been notifie	its board of directors or ed in writing of the chan	by an officer so ge.	
Signate	te of ad officer or director		FELIPE VINA		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as register to comply with the provision of I am familiar with and act of the provision of the I am familiar with and act of the I am I a	red agent and ag is of all statutes cept the obligat change in the re this change.	gree to act in this capaci relative to the proper a ion of my position as res gistered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the	
Con	7//-		MARCH 1	5, 2010	
_	nature of Registered Agent		Date		
II signing on be	half of an entity:				
	AS SECURITY INC	···			
	•	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 (8/05)