

P100000039850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

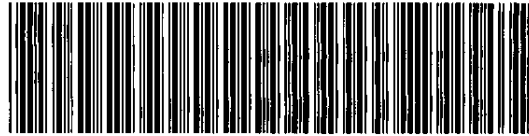
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 AUG 16 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 17 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Internal Controls, Inc.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Ianuzzi

Name of Person

Complete Internal Controls, Inc.

Firm/Company

2243 NE 15th Drive

Address

Jensen Beach, FL 34957

City/State and Zip Code

tianuzzi@infosecurityconsult.com

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

For further information concerning this matter, please call:

Thomas Ianuzzi

Name of Person

at (772)

781-7300

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ ~~\$25~~ Filing Fee

35-

☐ \$55 Filing Fee & Certified Copy

**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: Complete Internal Controls, Inc

2. The principal office address: 2243 NE 15th Drive, Jensen Beach, FL 34957

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/10/2010 Document number: P30000039850

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)

JC Rogers CPA PA

4440 PGA Blvd., Suite 600

Palm Beach Gardens, FL 33410

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

Thomas Ianuzzi

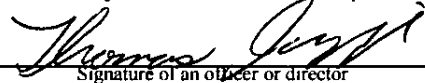
2243 NE 15th Drive

P.O. Box NOT acceptable

Jensen Beach, FL 34957

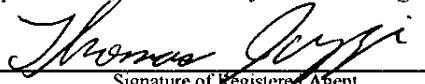
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Thomas Ianuzzi
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

08/13/2010
Date

If signing on behalf of an entity:

Thomas Ianuzzi
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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA