P10000069986

Triton Protection & Investigative Services 103 Century 21 Dr., Suite 201		
Jacksonville,	FL 32216	1
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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TALLAHASSEE FIRMS

RATIONIS 1-8-11

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.
1. The name of the corporation: The Security & Investigative Whacoment Co
2. The principal office address: 103 Century 31 Drive, Swite 20/
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/35/30/0 Document number: P100000699810
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)
Regigned
₩ _S
FE T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Soulé, Attorney 3341e Chapel Ct. P.O. Box NOT acceptable
Gacksonville, FL 32226
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
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.
Paris Jouli June 20, 2011 Signaffe of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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