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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Access Control Specialists, Inc.

Name of Corporation

DOCUMENT NUMBER: P10000100288

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:

Mark Golden

Name of Contact Person

Access Control Specialists

Firm/Company

Post Office Box 1137

Address

Loxahatchee, FL 33470

City/State and Zip Code

forceborne@msn.com

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

For further information concerning this matter, please call:

Mark Golden

, 561 5657-

Name of Contact Person

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

•	,	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State		this	
	_ ·	registered agent, or both, in the State			_
1. The name of t	he corporation: Access Contr	ol Specilaists, Inc.			
2. The principal	office address: 3640 Investm	ent Lane			
	n Beach, FL 33404				
3. The mailing a	ddress (if different): Post Offic	e Box 1137			
	chee, FL 33470				
4. Date of incorp	oration/qualification: 12/13/20	Document number: P10	0001002	.88	
5. The name and Florida Depart	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file esigned)	e with the		
	William J. Louberti	•		2	
	3640 Investment Lane		-ALCAE	2016 DEC	·- ; ;
	West Palm Beach, FL 33	3404		<u> </u>	***************************************
6. The name and (if changed):				PH 12:	
	Mark Golden			39	
	3640 Investment Lane				
	West Palm Beach, FL 33	ox NOT acceptable			
The street address as changed will b	ss of its registered office and the social identical.	street address of the business office o	f its register	ed age	nt,
Such change was authorized by the	s authorized by resolution duly ade board, or the corporation has be	opted by its board of directors or by a en notified in writing of the change.	an officer so)	
We Signature	A Palelus of an officer or director	Mark Golden, PTD Printed or typed name and			-
I hereby accept t I further agree to performance of n agent. Or, if this hereby confirm to	he appointment as registered age o comply with the provisions of al ny duties, and I am familiar with t document is being filed merely to hat the corporation has been noti	nt and agree to act in this capacity. I statutes relative to the proper and c and accept the obligation of my posit o reflect a change in the registered of fied in writing of this change.	complete ion as regisi ffice address	tered s, I	
Ma	WK Malden	11/01/2016			
If signing on beh	alf of an entity:	Date			
66 011 0011		10 5	,		
Тур	ed or Printed Name		,		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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