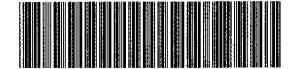
P11000001704

(Requestor's Name)				
(Address)				
(Address)				
O. O. 157 (D.				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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12 JAN 26 PM 3: 12
SECRETARY OF STATE

JAN 2 6 .2012 T. ROBERTS

COVER LETTER

SUBJECT:	DADLockAnd	KEY SERVICE	INC.
_		Name of Corporation	
	^		

P11000001704

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:

Daniel SIMPLIAS Name of Contact Person
_
DED Lock and Ky SERVICE, And Firm/Company
1050 SE CR 337 Address
Address
MORRISTON F(3 266 8 City/State and Zip Code
Simporal @ AoL. Com

For further information concerning this matter, please call:

Daniel Simpkins

at (351) 266-7925

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER:

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 State statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Flori	
1. The name of the corporation: D&D Lock and Ky Service	One.
2. The principal office address: 7050 SECR 337	
MORRISTON FL 32668	· · · · · · · · · · · · · · · · · · ·
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1-5-2011 Document number: Plico	N00170Y
5. The name and street address of the current registered agent and registered office on file with the	
	7-162108
Daniel Simpkins	
7650 SE CR 337	,
MORRISTON FL 32668	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	5 5
TARED T SIMPKINS	C. M.
7050 SFCR 337	S. S
P.O. Box NOI acceptable	S. S. S.
MORRISTON FL 32668	Cart To
The street address of its registered office and the street address of the business office of its re as changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so
Signature of an officer of director April Cunny Kiw- Printed or typed name and title	s Rees.
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby c corporation has been notified in writing of this change.	ete performance gent. Or, if this onfirm that the
Bun Smy 1-22-12	
Signature of Registered Agent Date	
If signing on behalf of an entity:	(
	1
Typed or Printed Name	

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