P11000088070

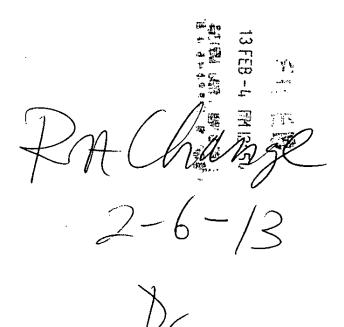
(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



000244076370

02/04/13--01029--025 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BOOST SECURITY GROUP INC. Name of Corporation
DOCUMENT NUMBER: PP 110000 88070
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:
Robert [989/4]
Tassinsky Investments LLC
2 SOUTH BISCAPHE BLYD. STE#3712
City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Consent Cass at (786) 357-4045 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 Amendment Section

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

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 Florida.
1. The name of the corporation: BOOST SECURITY GROUP, INC.
2. The principal office address: 2 SOUTH BISCAINE BUYN. STE#3760
Migmi FL 33/31
3. The mailing address (if different): P.O. Box 14-2025
COTAL GABLES, FL 33114
4. Date of incorporation/qualification: 10 1 2011 Document number: PP110008807
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)
JULIET C. TOSSY
60 N.W. 37 ME
Migmi, FL 33/25
6. The name and street address of the new registered agent (if changed) and /or registered office; (if changed): ROPERT IGSS/III B. P.O. Box NOT acceptable MIAMI FL 33125
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 aporticer or director Konseet Tassill Persion
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 carporation has been notified in writing of this change. Signature of Relatered 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 CR2E045 (03/12)

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