

P11 000088791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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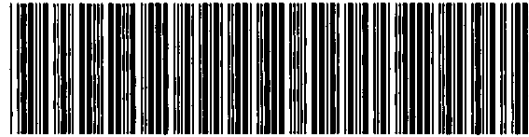
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*RACM*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alpha Security Engineering  
Name of Corporation

**DOCUMENT NUMBER:** P11000088791

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:

Camilo Nino

Name of Contact Person

Alpha Security Corporation

Firm/Company

6303 Blue Lagoon Drive suite 384

Address

miami, Fl. 33126

City/State and Zip Code

info@alphsen.com

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

For further information concerning this matter, please call:

Juan J. Haberkorn

Name of Contact Person

at ( 305 ) 261-9120

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

