

P11 000088791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

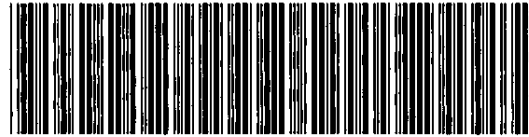
(Business Entity Name)

(Document Number)

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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

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 in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Alpha Security Engineering Corp.
- 2. The principal office address: 6303 Blue Lagoon Drive Suite 384 Miami Fl 33126
- 3. The mailing address (if different): 6303 Blue Lagoon Drive Miami Fl. 33126
- 4. Date of incorporation/qualification: 10/10/2011 Document number: P11000088791

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)

Roberto Knoll, Resigned
6303 Blue Lagoon Drive miami fl 33126

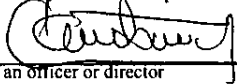
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

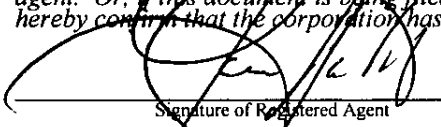
Juan J. Haberkorn
21436 SW 85 ct. Miami Fl 33189
P.O. Box NOT acceptable

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.

 Camilo Nino, President
Signature of an officer or director Printed or typed name and title

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.

 08/02/2012
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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