# 713000026632

(Requestor's Name)
(Address)
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

### COVER LETTER

Division of Corporations	
SUBJECT: Broadsword Security, Inc.  Name of Corporation	
DOCUMENT NUMBER: P13000026632	
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:	
Dimitri Corcino	
Name of Contact Person  Broadsword Security, Inc.  Firm/Company	
16927 SW 141 Avenue	
Miami, Florida, 33177  City/State and Zip Code	
corcinod@aol.com	-1
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Dimitri Corcino  787  247-9468	

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

Area Code & Daytime Telephone Number

TO:

**Amendment Section** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 JAN 21 AM 10: 09

18ECELLASSEE FLORIES

January 9, 2014

DIMITRI CORCINO BROADSWORD SECURITY INC. 16927 SW 141 AVENUE MIAMI, FL 33177

SUBJECT: BROADSWORD SECURITY INC.

Ref. Number: P13000026632

We have received your document for BROADSWORD SECURITY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent information does not match our records. Please make the proper corrections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 714A00000645

# NOTE:

Correction Document attach as requestes. payment already made & Kept by the Division.

www.sunbiz.org

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sect statement of change is submitted j		17.0502, 607.1508, or 617.1508, 1 organized under the laws of the S			
-	_	registered agent, or both, in the S			
1. The name of the corporation:	Broa	dsword Security, Inc.			
2. The principal office address:	1692	7 SW 141 Avenue			
	Mian	ni, Florida, 33177			
3. The mailing address (if differen	nt):P.O.	Box 221640			
	Holly	wood, Florida, 33022			
4. Date of incorporation/qualifica	tion: 03/21/	2013 Document number:	P13000026632		
5. The name and street address of Florida Department of State: (I		tered agent and registered office oresigned)	n file with the		
	Jose E	. Perez	<del></del>		
	16927 SW	/ 141 Avenue			
	Miami, Flo	orida, 33177	<del></del>		
6. The name and street address of (if changed):	the new registere	ed agent (if changed) and /or regis	tered office		
<del>- , </del>	Dimitri Corcino				
	16927 SW 141 Avenue				
<i>io</i> ∞ −					
<u> </u>	Miami, Flo	orida, 33177		T	
The street address of its registere as changed will be identical.	ed office and the	street address of the business off	ice of its registered agent,	, \	
Such change was authorized by authorized by the board, or the c	resolution duly ac orporation has be	dopted by its board of directors of een notified in writing of the char	or by an officer so		
Signature of an officer or direct	tor	Dimitri Corcino, I			
I hereby accept the appointment I further agree to comply with th performance of my duties, and I agent. Or, if this document is be hereby confirm that the corporate	ne provisions of a am familiar with	ent and agree to act in this capac ill statutes relative to the proper and accept the obligation of my to reflect a change in the register ified in writing of this change.	and complete position as registered		
1)		01/17/2	014		
Signature of Registered Ag	gent	Date			
If signing on behalf of an entity:					
Dimitri Corcino	)				
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 \* \* \*