

PB0000 76223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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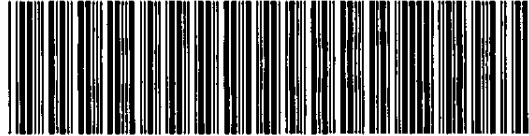
(Business Entity Name)

(Document Number)

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2015 SEP 28 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2015
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

GL INVESTIGATIONS CONSULTING & PROTECTION GROUP
Name of Corporation

DOCUMENT NUMBER:

P/3000076223

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:

NAMES SCARBERRY

Name of Contact Person

GL

Firm/Company

2225 N. COMMACE PARKWAY #7

Address

WESTON FL 33926

City/State and Zip Code

SCARBERRY@GLPROTECTIONGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIM SCARBERRY

Name of Contact Person

at

954 921-1857

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

1. The name of the corporation: GL INVESTIGATIONS CONSULTING PROTECTION GROUP
2. The principal office address: 2225 N. COMMERCE PARKWAY SUITE 7
WESTON FL 33326

3. The mailing address (if different): /

4. Date of incorporation/qualification: 9/14/13 Document number: P13000076223

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)

JAMES SCARBERRY
2225 N. COMMERCE PARKWAY SUITE 7
WESTON, FL 33326

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

/
/
/
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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 officer or director: JAMES SCARBERRY
Printed or typed name and title: JAMES SCARBERRY

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.

Signature of Registered Agent: [Signature]
Date: 9/21/15

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)