

P16000031773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: U.S. Protect Security, Inc.  
Name of Corporation

DOCUMENT NUMBER: P160000031773

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:

Dieuska H. Josinvi François  
Name of Contact Person

—  
Firm/Company

P.O. Box 1444  
Address

Belle Glade, FL 33430  
City/State and Zip Code

djosinvi@rocketmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dieuska at ( 305 ) 244-5356  
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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: U.S. Protect Security, Inc
2. The principal office address: 2054 Vista Parkway Suite 400  
West Palm Beach, FL 33411
3. The mailing address (if different): P.O. Box 1444  
Belle Glade, FL 33430
4. Date of incorporation/qualification 04/06/2016 Document number: P16000031773
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)

Dieusika H. Josinil Francois  
190 N. State Rd 715 #188  
Belle Glade, FL 33430

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

Dieusika H. Josinil Francois  
2054 Vista Parkway Suite 400  
P.O. Box NOT acceptable  
West Palm Beach, FL 33411

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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]  
Signature of an officer or director

Dieusika H. Josinil Francois  
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.*

[Signature]  
Signature of Registered Agent

09/26/2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

Dieusika H. Josinvil Francois  
U.S. Protect Security, Inc.  
P.O. Box 1444,  
Belle Glade, FL 33430

September 26, 2018

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Requesting Address Changes (P16000031773)

To Whom It May Concern:

My name is Dieusika H. Josinvil Francois, and I am the owner of U.S. Protect Security, Inc. Document number: P1600031773.

This letter is to inform you that the current addresses has changed and would like them to be updated, as followed:

Principal Address:

2054 Vista Parkway Suite 400  
West Palm Beach, FL 33411

Mailing Address:

P.O. Box 1444,  
Belle Glade, FL 33430

Registered Address:

2054 Vista Parkway Suite 400  
West Palm Beach, FL 33430

Officer PD Address:

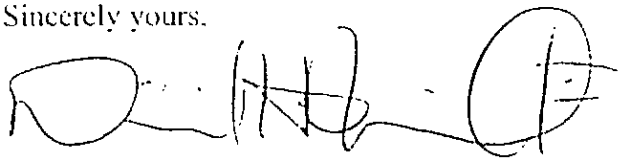
2054 Vista Parkway Suite 400  
West Palm Beach, FL 33411

Note: I have mailed out a completed Registered Address Change Form along with a 35.00 Money Order check number: 2199860672 to the Division of Corporations to further your process.

If applicable, it would be helpful if you could send me an email confirmation of the address change.

Thank you for your time and attention to this matter. I greatly appreciate your assistance. Please feel free to contact me at (305)244-5356 with any questions or concerns.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Deusika H. Josinvil Francois'. The signature is stylized with a large initial 'D' and a circular flourish at the end.

Deusika H. Josinvil Francois  
President/Owner