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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Security of Fire Services Fire
SUBJECT: Security of Fire Services Inc. Name of Corporation
DOCUMENT NUMBER: P1 600 008 6 11 1
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:
Name of Contact Person Security A Fire Service S. T. C. Firm/Company
7451 W11-1 12d. Scite 1 61 Address
Coral Springs FC 33067
gmilian @ burgfire.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 431 - 0666 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact reison 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
**matement of change is submitted for a corporation organized under the laws of the State of
· · · · · · · · · · · · · · · · · · ·
1. The name of the corporation: Sccurity & Fire Services Inc. 2. The principal office address: 13210 Sw 1324 are 8-1+e+18 Miani FL 33186
2. The principal office address: 13210 SW 1324 are S-ite +18
Miami FL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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)
Corony dilian
Survive FC 33331
4277 North NOP HILL BA - THE SOLL.
Surviye F = 33331
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
George Milian
P.O. Box NOT acceptable
Coral Springs, FL 33067
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.
Signatural an officer or director Printer 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.
Signification of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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