

P160000086852

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Protection Connection INC.  
Name of Corporation

DOCUMENT NUMBER: P16000086852

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:

Patrick Schalkofski  
Name of Contact Person

Protection Connection Inc  
Firm/Company

11312 Katherine DR  
Address

Fredericksburg, VA 22408  
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick Schalkofski at (571) 238 8478  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Protection Connection Inc.
2. The principal office address: 1137 Heather Stone Drive  
Fredericksburg, VA 22407
3. The mailing address (if different): 11312 Kateema Dr  
Fredericksburg, VA 22408
4. Date of incorporation/qualification: 10/26/16 Document number: P16000086852
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)  
Curtiss Weinstein  
11205 Bridge House Rd  
Windermere, FL 34786

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

Amanda Arnold  
341 Epping Ct  
P.O. Box NOT acceptable  
Palm Bay, FL 32907

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] Patrick Schalkowski 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.

Amanda Arnold 1/17/2017  
Signature of Registered Agent Date

If signing on behalf of an entity:

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

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