

P18000003791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

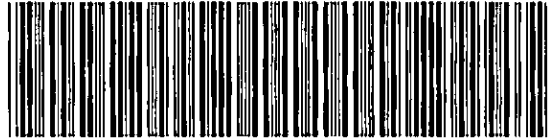
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ASL Security, Inc.  
Name of Corporation

DOCUMENT NUMBER: P18000003791

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:

Stephen E. Lebowitz  
Name of Contact Person

ASL Security, Inc.  
Firm/Company

5211 Fairmont St.  
Address

Jacksonville, FL 32207  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephen Lebowitz at ( 305 ) 849-5471  
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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2018

STEPHEN E LEBOWITZ  
5211 FAIRMONT ST  
JACKSONVILLE, FL 32207

SUBJECT: ASL SECURITY, INC.  
Ref. Number: P18000003791

We have received your document for ASL 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):

PLease have a officer or director sign the document.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 218A00012885

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18 JUN 28 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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: ASL Security, Inc.  
2. The principal office address: 5211 Fairmont St  
Jacksonville, FL 32207  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/11/2018 Document number: P18000003791

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)

Stephen E. Lebowitz

6650 S.W. 104th St

Pinecrest, FL 33156

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

Stephen E. Lebowitz

5211 Fairmont St.

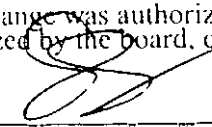
P.O. Box NOT acceptable

Jacksonville, FL 32207

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DIVISION OF CORPORATIONS  
18 JUN 28 PM 3:46

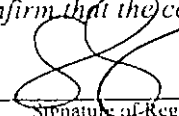
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

STEPHEN E. Lebowitz  
\_\_\_\_\_  
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 of Registered Agent

6/25/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Stephen E. Lebowitz

\_\_\_\_\_  
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