

P180000 73109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

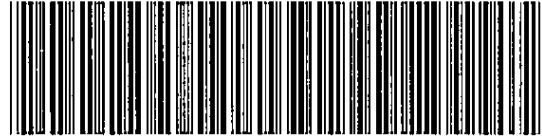
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000334947410

10/01/19--01032--007 \$435.00

2019 OCT -8 PM 5:51  
TALLAHASSEE, FL

OCT 28 2019  
C. Kins

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: KINGSMAN SECURITY, INC  
Name of Corporation

DOCUMENT NUMBER: P.18000073109

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:

CHEYENNE MOOS  
Name of Contact Person

UNITED STATES CORPORATION AGENT INC.  
Firm/Company

13302 WINDING OAKS COURT  
Address

TAMPA, FL 33612  
City/State and Zip Code

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

For further information concerning this matter, please call:

GERMAINE WOODS at ( 407 ) 690-2926  
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: KINGSMAN SECURITY INC.
2. The principal office address: 4494 SILVER STAR RD #M111  
ORLANDO, FL 32808
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: AUG 27, 2008 Document number: P180000073109
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)

CHEYENNE MOSELEY  
13302 WINDING OAK COURT  
TAMPA, FL 33612

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

GERMAINE WOODS  
5249 CALABASH PLACE  
OVIEDO, FL 32765

P.O. Box NOT acceptable

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

Germaine Woods / Owner  
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

9/27/19  
Date

If signing on behalf of an entity:

GERMAINE WOODS  
Typed or Printed Name

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