

P190000 45875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

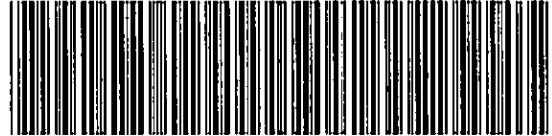
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100341987201

03/23/20--01009--032 \*\*35.00

S TALLER  
APR 08 2020

2020 MAR 23 AM 10:03

R/A-28

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALLSTATE SECURITY PROFESSIONALS INC.  
Name of Corporation

DOCUMENT NUMBER: P19000045875

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:

Martene Rojas  
Name of Contact Person

ALLSTATE SECURITY PROFESSIONALS INC.  
Firm/Company

15919 SW 90th Ct  
Address

Palmetto Bay, FL 33157  
City/State and Zip Code

E-mail address: Rojas.martene.305@gmail.com  
(to be used for future annual report notification)

For further information concerning this matter, please call:

Martene Gomez at (305) 987-3073  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ALLstate Security Professionals Inc
2. The principal office address: 15919 SW 90th Ct Palmetto bay, FL 33157
3. The mailing address (if different): 2589 NE 4th street Unit(205) Homestead FL, 33033
4. Date of incorporation/qualification: 05/28/2019 Document number: P19000045875
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)

Marlene Gomez  
2589 NE 4th street Unit(205)  
Homestead FL, 33033

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

Marlene Rojas  
15919 SW 90th Ct  
Palmetto Bay, FL 33157

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

Marlene Rojas P  
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

03/18/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

2020 MAR 23 AM 10:03