

P21 0000 18384

(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



000361975230

03/15/21--01082--024 **35.00

FILED

2021 MAR 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FL.

CH.
5/1/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIFE SECURE SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P21000018384

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:

Nicolle Morris

Name of Contact Person

LIFE SECURE SERVICES INC

Firm/Company

PO BOX 101689

Address

CAPE CORAL, FL 33904

City/State and Zip Code

nikki.inga@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Morris

Name of Contact Person

at (239) 478-6079

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: LIFE SECURE SERVICES INC
2. The principal office address: 3048 Del Prado Blvd S, Ste 110, Cape Coral FL 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/15/2021 Document number: P21000018384
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)

MOULDER, RHONDA J

1708 PALACO GRANDE PKWY

CAPE CORAL, FL 33904

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

Nicolle Morris

4527 SE 10th Ave

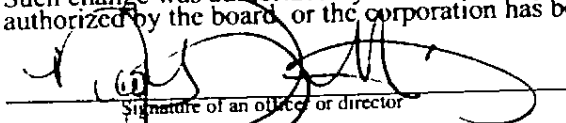
P.O. Box NOT acceptable

Cape Coral, FL

FILED
2021 MAR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

Nicolle L Morris
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

03.09.21
Date

If signing on behalf of an entity:

Nicolle L Morris
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