

P22 0000 535 16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

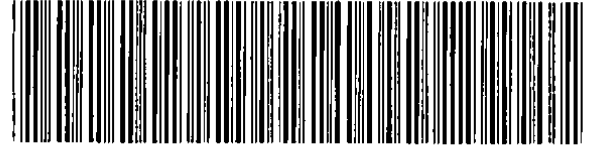
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOV OPTIMUM SECURITY INC.  
Name of Corporation

**DOCUMENT NUMBER:** P22000053516

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:

Felipe Sosa  
Name of Contact Person

GOV OPTIMUM SECURITY INC  
Firm/Company

3350 SW 148TH AVENUE SUITE 110  
Address

MIRAMAR, FL 33027  
City/State and Zip Code

felipe.sosa1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe Sosa at ( 954 ) 394-4804  
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: GON OPTIMUM SECURITY, INC.
- 2. The principal office address: 3350 SW 148TH AVENUE, Suite 110  
MIAMI, FLORIDA 33022
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 06/30/2022 Document number: 022000053516
- 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)  
UNITED STATES CORPORATION AGENTS, INC  
476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Felipe Sosa  
10260 NW 3rd Street  
Pembroke Pines, FLORIDA 33026

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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.

Felipe Sosa  
Signature of an officer or director

Felipe Sosa, President  
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.

Felipe Sosa  
Signature of Registered Agent

6/5/23  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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