

P990000017630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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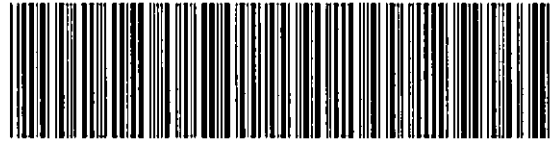
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Security + Fire Systems, Inc
Name of Corporation

DOCUMENT NUMBER: P990000017630

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:

George A. Milian
Name of Contact Person

Security + Fire Systems, Inc
Firm/Company

13210 SW 132 Avenue Suite #18
Address

Miami FL 33186
City/State and Zip Code

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

For further information concerning this matter, please call:

George A. Milian at (305) 971-2944
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

GEORGE A. MILIAN
SECURITY & FIRE SERVICES INC.
13210 SW 132 AVE - STE, 18
MIAMI, FL 33186

SUBJECT: SECURITY & FIRE SYSTEMS, INC.
Ref. Number: P99000017630

We have received your document for SECURITY & FIRE SYSTEMS, 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 complete the form in its entirety.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00024189

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Security + Fire Systems Inc.
2. The principal office address: 4577 North Nob Hill Road Suite #205
Sunrise FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-24-1999 Document number: P99000017630

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)

Milian, George A.
13016 SW 128 Street
Miami FL 33186


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SEC. OF STATE, FLORIDA

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

Milian, George A.
4577 North Nob Hill Road Suite #205
P.O. Box NOT acceptable
Sunrise FL 33351

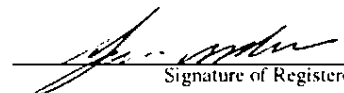
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

George A. Milian ^{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.


Signature of Registered Agent

8-20-2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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