Requestor's Name P.O. Bex 12215 Address *E 32317* State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. A Absolute Protection, Inc. (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time L Photocopy Certificate of Status ☐ Mail out Will wait NEW FILINGS AMENDMENTS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other REGISTRATION/ 900002907899--6 -06/17/99--01082--001 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00 OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

## \*\*\* 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, the
undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: A Absolute Protection, Inc.
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2. The mailing address of the corporation is: 1417-E Capital Circle N.W.
Tallahassee, R. 32303
3. Date of incorporation/qualification: 3/29/99 Document number: p99000028439
4. The name and address of the current registered agent and office:
Lance McGinnis Howard Silver - 55
1-417-F N. W. Combol Circle 150-15 Cap. Cir. N. D. E T
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable).
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Lance McGinis
1417-E N.W. Capital Circle 10
Tallahassee, PL 32303
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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Lance McGrinis President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Same & Modern 6/17/99  (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Lance D. Mc Ginnis President (Capacity)
(1yped or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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