| | ncipal Place of Business: IVE PARK DRIVE 33331 | | 660947 | 019519 |
|----------------------------------|---|-----------------------------------|--|------------|
| Current Ma | iling Address: | | | |
| 2645 EXEC WESTON, | UTIVE PARK DRIVE FL 33331 | | | |
| FEI Numbe | r: 86-1069057 | Certificate of Status Desired: No | | |
| Name and A | Address of Current Registered Agent: | | | |
| SUITE 400 | , P.A. ST THIRD AVENUE RDALE, FL 33316 US | | | |
| The above name | d entity submits this statement for the purpose of changing its reg | istered office or reg | istered agent, or both, in the State of Flor | ida. |
| SIGNATURE: /S/ OSVALDO F. TORRES | | | | 04/11/2018 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | Ρ | Title | VP, S | |
| Name | TORTOLANI, FRANCO | Name | TORTOLANI, MARIA R. | |
| Address | 2645 EXECUTIVE PARK DRIVE | Address | 2645 EXECUTIVE PARK DRIVE | |

City-State-Zip: WESTON FL 33331

VP

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063300

City-State-Zip: WESTON FL 33331

Entity Name: 911 EQUIPMENT, INC.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

| SIGNATURE: /S/ | MARIA ⁻ | TORTOL | ANI |
|----------------|--------------------|--------|-----|
|----------------|--------------------|--------|-----|

Electronic Signature of Signing Officer/Director Detail

04/11/2018

FILED Apr 11, 2018

Secretary of State

CC0947679579