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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: JOSEPH DUNCAN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title MGRM DUNCAN, JOSEPH W P.O.BOX 337 City-State-Zip: CRAWFORDVILLE FL 32326

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105796

Entity Name: ALARM FIRE SURVEILLANCE INTEGRATORS, LLC

Current Principal Place of Business:

499 CAPITAL CIRCLE SW #3 TALLAHASSEE, FL 32304

Current Mailing Address:

P.O.BOX 337 CRAWFORDVILLE, FL 32326

FEI Number: 26-3708341

Name and Address of Current Registered Agent:

DUNCAN, JOSEPH 499 CAPITAL CIRCLE SW #3 TALLAHASSEE, FL 32304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Name Address

FILED Feb 22, 2019 Secretary of State 1619476805CC

Certificate of Status Desired: Yes

Date

02/22/2019