# 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.

#### SIGNATURE: ROBERT EMIL OZIMEK

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000122053

Entity Name: PROCORP SECURITY SOLUTIONS, LLC

#### **Current Principal Place of Business:**

8535-62 BAYMEADOWS ROAD JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8535-62 BAYMEADOWS ROAD JACKSONVILLE, FL 32256 UN

## FEI Number: 82-1784761

## Name and Address of Current Registered Agent:

EWAN, FREDERICK 8535-62 BAYMEADOWS ROAD JACKSONVILLE, FL 32256 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EWAN, FREDERICK	Name	OZIMEK, ROBERT E
Address	8535-62 BAYMEADOWS ROAD	Address	8535-62 BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

OBERT EMIL OZIMEK PRESIDENT

04/24/2024

## FILED Apr 24, 2024 Secretary of State 5940941469CC

Certificate of Status Desired: No

Date