

B2100000068

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000183585 3)))



H240001835853ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
CRISIS24 PROTECTIVE SOLUTIONS, LP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

M. SOLOMON
MAY 22 2024

RECEIVED

2024 MAY 22 PM 2:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY 22 PM 3:49

FILED

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CRISIS24 PROTECTIVE SOLUTIONS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/18/2021 3. B21000000068
Date of filing/registration in Florida Florida document number

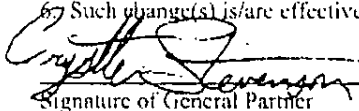
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REGISTERED AGENTS INC
Name
7901 4TH ST N, STE 300
Address
ST. PETERSBURG, FL 33702
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

Crystle Stevenson, Attorney in Fact

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 obligations of my position as registered agent.



Signature of Registered Agent

SEAN L. EMERICK, ASSISTANT SECRETARY

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
FLORIDA DEPARTMENT OF
STATE

2024 MAY 22 PM 3:49

FILED