B96000000 441

(Re	equestor's Name)	·			
(Ad	ldress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone #	f)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
:					
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Office Use Only



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11/26/19--U1308--US1 (** 15.00)

10 HOV 26 AM 9: 30

RA Change

JAN 1 0 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 22, 2019

Order#: 930284-030

Re: SAFEMARK SYSTEMS, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

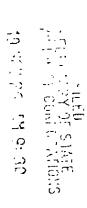
c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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.	SAFEMARK SY	STEMS, L	.P	
Na	ame of Limited Partnership or Limited	l Liability Limi	ited Partners	hip
2.	11/21/1996		B96000000441	
Date of filing/registration in Florida		F	B9600000441 Florida document number	
4. The name of the re Department of State:	egistered agent and the registered office	ce address as sl	nown on the	records of the Florida
	C T CORPORATIO	N SYSTEM	1	
	Name			
	1200 SOUTH PINE IS	SLAND RO	AD	
	Address			
	PLANTATION	FL	33324	
	City, State and	i Zip		
5. The name and Flo	rida street address of the new register	ed agent and/or	office:	10
	Corporation Servic	e Company	,	ä
	Name	c company	<u>.</u>	~
	1201 Have 9	Stroot		_ 1
	1201 Hays Street Florida street address (P.O. Box not acceptable)			21
	Tallahassee		32301	Ç
	City, State and	FL 3 Zip	32301	r <u>. </u>
	·	·	66	
6. Such change(s) is/	are effective when filed by the Florid	•		
	W. M. C.	sident on Beha	lf of Safema	ark Inc., General Partner
Signature of General	Partner			
comply with the prov and I am familiar wit Corporat	ppointment as registered agent and agistions of all statutes relative to the proham accept the obligations of my position Service Company Ted Agent	oper and comp	lete perform	
Filing Fee: Certified Copy (\$35.00 optional): \$52.50			