F07000002019

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CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 342516 156084A			
AUTHORIZATION: Cital Remain			
COST LIMIT : \$ 35.00			
ORDER DATE : December 21, 2021			
ORDER TIME : 10:46 AM			
ORDER NO. : 342516-135			
CUSTOMER NO: 156084A			
CHANGE OF AGENT			
NAME: AMERICAN SECURITY PROGRAMS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			
FYAMINED'S INTTIALS.			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of VA registered agent, or both, in the State of Florida.
1. The name of 2. The principal	the corporation: AMERICAN Solution of fice address: 1881 Campus Co.	SECURITY PROGRAMS, INC. mmons Dr. Suite 105, Reston, VA 20191
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 04/13/2007	7 Document number: F0700002019
	d street address of the current regis	stered agent and registered office on file with the resigned)
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND RE	
	PLANTATION, FL 33324	9.0
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
	Zie E. Clanie	Jill Cilmi, Vice President
Signatu	re of an officer or director	Printed or typed name and title
I further agree i of my duties, an document is bei corporation has	the appointment as registered ay to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang s heen notified in writing of this c n Service Company	gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this is in the registered office address. I hereby confirm that the hange.
By: 🂢	Inac. Z-Kuby nature of Registered Agent	01/18/2022
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Asst. Vice President	-
1	yped or Printed Name	
	* * * FILI)	NG FEE: \$35.00 * * *

Partie De la Company