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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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 ARONSON SECURITY GROUP, INC.

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

statement of cha	nge is submitted for	a corporation organ	2, 607.1508, or 617.150 tized under the laws of ti ered agent, or both, in th	he State of W	4	
		ONSON SECURITY C		· · · · · · · · · · · · · · · · · · ·		
		Yamato Road, Boca J				
3. The mailing a	ddress (if different)	:				
4. Date of incorp	ooration/qualification	n: 1/12/2009	Document numbe	r:F090000001	140	
		ne current registered a esigned, enter resigne	gent and registered officed)	ce on file with	the	
	CORPORATION S	ERVICE COMPANY				
	1201 HAYS STREE	ET TALLAHASSEE, I	FL 32301-2525			
6. The name and (if changed):	i street address of the		nt (if changed) and /or re	egistered offic	NAR -	<u> </u>
	c/o C T Corporation	System, 1200 South P	ine Island Road		21.03 <b>℃</b>	[1]
	Plantation, Florida 3	P.O. Box NOT	acceptable		Signal on	0
	D 11		address of the business			ıt,
Such change was authorized by all	as dulporized by res bound, or the cor	olution duly adopted poration has been no	by its board of director tified in writing of the c		ficer so	
Signatio	re of an officer or director		Jennifer Kurz, Vice Pre	sident		
I further agree performance of agent. Or, if the	to comply with the p my duties, and I an is document is bein	provisions of all statt 1 familiar with and a g filed merely to refl	d agree to act in this ca utes relative to the prop ccept the obligation of ect a change in the regi n writing of this change	ier and compl my position a stered office a	s registered –	
By: CT Cor	poration System		3/8/2018			
If signing on be	hature of Registered Agent	Alfred Y	ounan	ate	,	
	yped or Printed Name					

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)