Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

RE-SUBMIT

From:

Account Name

Please retain original filing at the constant of submission 1/29 Account Number : FCA000000027. Phone : (850)205-880.

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**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 FREEDOM PROTECTIVE SERVICES, INC.

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Corporate Filing Menu

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COVER LETTER

Division of Corporations
FREEDOM PROTECTIVE SERVICES, INC. SUBJECT:
Name of Corporation
F09000004429 DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
·
Name of Contact Person
OT Grandsian
CT Corporation riπη/Cornpany
Address
City/State and Zip Code
City/State and Dip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
et (
Name of Contact Person
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Comparting
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tolloboscop El 20214 2661 Evecutive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

The name o	f the corporation: FREEDOM PRO	OTECTIVE SERVICES, INC.
		Parkway RICHARDSON, TX 75081
The mailing	g address (if different):	
. Date of inco	orporation/qualification: 11/09/20	09 Document number: F09000004429
	nd street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	FOLLARI, FRANK E	
	4200 NORTH OCEAN DRIVE	#1205 #B2 SINGER ISLAND, FL 33404
		20 20 20 20 20 20 20 20 20 20 20 20 20 2
i. The name a (if changed)		tered agent (if changed) and /or registered office
	NRAI Services Inc.	
	c/o NRAl Services, Inc., 1200 Sc	
	P.o. Plantation, Florida 33324	O. Box NOT acceptable
The street add	lress of its registered office and t	the street address of the business office of its registered age
Such change vulthorized by	was authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.
apole	vitte	April Wittenwyler, Auth. Person
	ature of an officer or director	Printed or typed name and title
further agred performance (pgent. Or, if i pereby confir	e to comply with the provisions of of my dulies, and I am familiar w this document is being filed mere m that the corporation has been t	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
NRAJ	Services Inc.	01/15/2016
By: 🕜 🚙	HOU I HILAMO	The state of the s
By: Jane	Gar Vincent Mignature of Registered Agent	Date

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

M. BETRONES WARRE Primer Calina