

10 00000 3616

(Red	questor's Name)	-
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(City	y/State/Zip/Phone	? #)
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300442588013

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation	organized under the law	s of the State of \Box	ÞΕ	his	_
	to change its registered office or	•	•	orida.		
1. The name of t	he corporation: CARRIER FIRE &	SECURITY CORPORA	TION			—
2. The principal	office address: 13995 Pasteur Blv	d Palm Beach Gardens,	FL 33418			—
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 08/11/2010	Document m	umber:F100000	03616		
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered				
	UNITED AGENT GROUP INC.					
	801 US HIGHWAY 1			1020	2025 JAN 30	<u> </u>
	NORTH PALM BEACH	FL	33408	-[] -:	Z	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	/or registered off		P <u>x</u>	
	Corporation Service Company			严至	9դ ։ ի	
	1201 Hays Street			[77]	•	
		P.O. Box NOT acceptable				
	Tallahassee	FL	32301			
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	iness office of its	register	ed ago	ent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of di een notified in writing of	irectors or by an of the change.	fficer so	0	
/s/ Penny Yang	3	Penny Yang		Asst. S	Secreta	ary
I hereby accept I further agree t of my duties, an document is beil corporation has	e of an officer or director the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c n Service Company	ent and agree to act in the all statutes relative to the he obligation of my posit e in the registered office	d or typed name and title his capacity, o proper and comp tion as registered address, I hereby		rforma Or if n that	nce this the
By: X)no	co Cokubi	01/22/2025				
Sign	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
	Asst, Vice President	_				
Ty	ped or Printed Name					
	* * * FILE	NG FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
COA-27201