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€ ℃		Fax Number	: (850)617-6380	<u>:</u>	21		
53	From:			•	:		
;		Account Name	: C T CORPORATION SYSTEM	-			
-		Account Number	: FCA000000023		O:		
		Phone	: (614)280-3338	တိုင္း	٠.		
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- c-2			ss for this business entity to be used for		ίŭ		
2.2	annual report mailings. Enter only one email address please.**						
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REGISTERED AGENT CHANGE CHAMPION NATIONAL SECURITY, INC.

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MAR 1 HEIGH

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

statement of cha	unge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of <mark>Texas</mark> tered agent, or both, in the State of Florida.	this						
1. The name of	the corporation: CHAMPION NATIONA	AUSECURITY, Inc.							
2. The principal	The principal office address: 1616 Gateway Blvd., Richardson, TX 75080								
3. The mailing a	address (if different):								
4. Date of incor	poration/qualification: 3/7/2011	Document number: F11000001069							
	d street address of the current registered rument of State; (If resigned, enter resign	agent and registered office on file with the ed)							
	NORTHWEST REGISTERED AGENT	l.LC.							
	7901 4TH STREET N, SUITE 300 ST I	PETERSBURG, FL 33702							
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office							
	CT Corporation System		16.4						
	1200 South Pine Island Road	· ·	:						
	Plantation, Florida 33324	ox NOT accipitable	3177715						
		t address of the business office of its register							
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer, officed in writing of the change.	[∞] 22						
j,	XIII	Tracy Kellner- Attorney in Fact							
I hereby accept I further agree of my duties, a document is be corporation ha	nte at an afficer or director I the appointment as registered agent as to comply with the provisions of all sta nd I am familiar with and accept the ob- ting filed merely to reflect a change in to the filed merely to reflect a change in to the filed merely to reflect a change in to the filed merely to reflect a change in to the filed merely to reflect a change in to the filed merely to reflect a change in the filed merely to reflect a change	Printed or typed name and title nd agree to act in this capacity, tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office address, I hereby confir e. 3/14/2021	rformance Or, if this m that the						
	gnature of Registered Agent	Date							
	ehalf of an entity:	Viiit							
James Halpin	Assistant Secretary								
	Typed or Printed Name								
	* * * CH 1M/* C	U11 - 425 na * 2 *							

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: