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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 270954 8400101 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: January 17, 2024 ORDER TIME : 1:52 PM ORDER NO. : 270954-019 CUSTOMER NO: 8400101 ______ CHANGE OF AGENT NAME: ALLEGION S&S LOCK HOLDING COMPANY INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson

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

statement of ch	e provisions of sections 607.0502, 6 aunge is submitted for a corporation	n organized under the la	ws of the Sta	re of DE	
	ler to change its registered office of the corporation: ALLEGION S & S			•	r.
	l office address: 11819 NORTH PE				
The mailing	address (if different): PO Box 4265	CARMEL IN 46082			
	poration/qualification: 03/06/2014		F14	 4000001045	 5
5. The name an	d street address of the current regis rtment of State: (If resigned, enter	tered agent and register			
	CT CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	DAD			
	PLANTATION	FL	33324		
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) an	d /or registere	ed office	2007 1007 1007 1007 1007 1007 1007 1007
	Corporation Service Company				- <u>-</u>
	1201 Hays Street			∪a	(C)
	Tallahassee	PO Box NOT acceptable FL	32301	OF STA	PH 4:
The street addre	ess of its registered office and the be identical.	street address of the bu	siness office	of its regist	ter ell agent,
Such change wa authorized by th	as authorized by resolution duly as be board, or the corporation has be	dopted by its board of c een notified in writing c	lirectors or b	y an officer	SO
Jeffrey N. Braun, Senic				or VP	
I hereby pocept I further agree to of my duties, an document is bet- corporation has	the appointment as registered again comply with the provisions of a different and accept the first and accept the filled merely to reflect a change been notified in writing of this classes are company		ed or typed name this capacity, e proper and tion as regis e address, Th		performance Or, if this rm that the
By: Drace	e t-Kubi,	01/23/2	024		
Sigi	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
	y, Asst. Vice President				
- Iy	ped or Printed Name				

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