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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

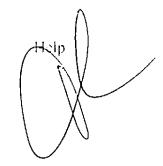
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SECURITY DESIGN, INC.

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

statement of cl	nange is submitted for a corporation of	7,0502, 607,1508, or 617,1508, Florida Statutes organized under the laws of the State of <mark>Michig</mark> e egistered agent, or both, in the State of Florida.	311
U.The name α	f the corporation: SECURITY DESIG	N. INC.	
2. The principa	al office address: 2511 Midpark Road N	Tontgomery, AL 36109-1407	
3. The mailing	address (if different):		
4. Dateofincor	poration/qualification: 1/6/2017	Document number:	
	nd street address of the current registe artment of State; (If resigned, enterre-	red agent and registered office on file with the signed)	
	CORPORATION SERVICE COMPA	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		
6. The name ar (ifchanged)	:	agent (if changed) and /or registered office	2021
	C T Corporation System		2024 JAN 3
	1200 South Pine Island Road		အ ယ
	Plantation, Florida 33324	O Box NOT acceptable	<u> </u>
The street add as changed wi	ress of its registered office and the sall be identical.	treet address of the business office of its regist	
Such change vauthorized by	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer in notified in writing of the change.	'so
Hellingm Pally		Kathryn McBride, Secretary	
Signa	ture of an officer or director	Printed or typed name and title	
I jurthèr agrèc of my duties, a document is he corporation he	ind I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this cha	statutes relative to the proper and complete peobligation of my position as registered agent in the registered office address. Thereby conf	verformance t. Or, if this irm that the
C T Corporatio	on System Matala Picking	1/30/2024	
<u> </u>	ignature of Registered Agent	Date	
If signing on b	ochalf of an entity;		
Natalie Pickens	s. Assistant Secretary		
	Typed or Printed Name		
	* * * FILING	1 FEE: \$35.00 * * *	

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

By: