## F17000003516

(Requestor's Name)				
(Add	ress)	<del></del>		
`	,			
(Address)				
(City	/State/Zip/Phone	#)		
PICK-UP	MAIT WAIT	MAIL		
(Bus	iness Entity Nam	e)		
(Document Number)				
Certified Conies	Certificates	of Status		
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			
•				

Office Use Only



100347755761

07/03/20--81815--818 ★★35.00

S TALLENT AUG 2 4 2020 2020 JUL -9 PM 1:44

PLANON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: July 2, 2020

Order#: 300136-004

Re: INTEGRATED PROTECTION SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX \_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, ( inge is submitted for a corporatio r to change its registered office o	n organized under the lav	vs of the State of O	H	
		<u> </u>	•		
The name of the corporation: NTEGRATED PROTECTION SERVICES, INC.     The principal office address: 5303 Lester Road Cincinnati, OH 45213					
3. The mailing a	address (if different):				
4. Date of incorp	Date of incorporation/qualification: 08/04/2017 Document number: F17000003516				
	d street address of the current regitment of State: (If resigned, enter	•	d office on file with	the	
	C T CORPORATION SYSTEM	1			
	1200 SOUTH PINE ISLAND R	OAD			
	PLANTATION, FL 33324			2020	
6. The name and (if changed):	i street address of the new registe	red agent (if changed) and	d /or registered offic	2020 JUL -9	
	Corporation Service Company			PH	
	1201 Hays Street				
		P.O. Box NOT acceptable		F	
	Tallahassee	FL	32301		
The street addre	ess of its registered office and th be identical.	e street address of the bu	siness office of its	registered agent,	
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of obeen notified in writing o	lirectors or by an ol of the change.	ificer so	
Xie	. E. agni	JILL CILMI, VIC	E PRESIDENT		
Sighatu	re of an officer or director	Print	ed or typed name and title		
I further agree of my duties, and document is being corporation has	the appointment as registered a to comply with the provisions of all I am familiar with and accepting filed merely to reflect a chans been notified in writing of this nervice Company	all statutes relative to th the obligation of mv pos ge in the registered offic	e proper and comp ition as registered (	agent. Or. if this	
By: Diago	· Cokubi.	06/11/2020			
Sig	nature of Registered Agerh	-	Date		
If signing on be	chalf of an entity:				
GRACE E. KIRI	BY, ASST. VICE PRESIDENT				
T	yped or Printed Name	_			

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