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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 327754 AUTHORIZATION : COST LIMIT : willenson ORDER DATE: February 21, 2024 ORDER TIME : 10:40 AM ORDER NO. : 327754-064 CUSTOMER NO: 8441430 CHANGE OF AGENT NAME: PERCH SECURITY, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0302, 617.030 inge is submitted for a corporation orga ir to change its registered office or regist	nized under the law	vs of the State of	Delaware		
1. The name of t	the corporation: PERCH SECURITY, IN	IC.				
2. The principal	office address: 400 N. Tampa Street, S	uite 130, Tampa,	FL 33602			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/05/2017	Document n	number: <u>F17000</u>	0005483		
	I street address of the current registered a timent of State: (If resigned, enter resign		d office on file w			
	Corporate Creations Network, Inc.		<u>. </u>	2024 MAR		
	801 US Highway 1			AHAS -		
	North Palm Beach	FL	33408	SEE P		
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Report 1					
	Corporation Service Company	· 		_		
	1201 Hays Street P.O. Box NOT acceptable					
	Tallahassee	FL_	32301	<u> </u>		
The street addre as changed will	ess of its registered office and the street be identical.	address of the bus	siness office of i	ts registered agent,		
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of d stifted in writing o	irectors or by an f the change.	officer so		
Xiel	. E agner	Jill Cilmi, Vice I				
/ 1	e of an officer or director		d or typed name and t	itle		
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company!	utes relative to the igation of my posi e registered office	his capacity. e proper and cor tion as registere e address, I here	nplete performance and agent. Or, if this by confirm that the		
ву:	v M Ley	03/05/2024				
Sigi	nature of Registered Agent		Date			
lf signing on bel	half of an entity:					
	Asst. Vice President					
Ту	ped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE