

F1900000 2549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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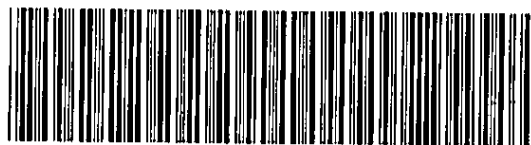
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Frontier Fire Protection Co.
Name of Corporation

DOCUMENT NUMBER: F19000002549

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Savino

Name of Contact Person

Frontier Fire Protection Co.

Firm/Company

1 Mark Rd.

Address

Kenilworth NJ 07033

City/State and Zip Code

FSavino@UFPCO.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Savino

Name of Contact Person

at (908) 688-0300 X222

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New Jersey _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Frontier Fire Protection Co.
2. The principal office address: 3748 NW 124th Ave.
Coral Springs FL 33065
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 17, 2019 Document number: F19000002549
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Krista Rossini

13274 89th Place North

West Palm Beach FL 33412

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carlos Almeida

9003 NW 39th Street

P.O. Box NOT acceptable

Coral Springs FL 33065

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Frank Savino
Signature of an officer or director

FRANK SAVINO PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carlos Almeida
Signature of Registered Agent

August 26, 2019

Date

If signing on behalf of an entity:

Carlos Almeida

Typed or Printed Name

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