1/28/25, 11:24 AM 80400C

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H25000032504 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter	the	email	address	for	this	business	entity	to l	oe i	used	for	future
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REGISTERED AGENT CHANGE FIRE SOLUTIONS INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

Fire Solutions Inc. SUBJECT: Name of Corporation F21000006408 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo Area Code & Daytime Telephone Number Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025 JAN 28 PH 1: 50

CR2E045 (04/13)

H25000032504.3

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

statement of cha	provisions of sections 607.0, ange is submitted for a corpo er to change its registered off	oration organized under the i	laws of the State o	of Missouri	
1. The name of	the corporation: Fire Solu	itions Inc.			
2. The principal	office address: 2030 ALT	TOM CT ST. LOUIS,	MO 63146		
3. The mailing a	address (if different);				
4. Date of incor	poration/qualification: 11/8	3/2021 Documer	nt number: F216)00006408	
5. The name and	d street address of the current rtment of State: (If resigned,	t registered agent and registe	ered office on file	with the	
	CT Corporation	System			
	1200 South Pine Islan	nd Road		_	
	Plantation	FL	33324		
6. The name and (if changed):	d street address of the new re		and /or registered	office	
	2894 Remington	Green Ln. Ste. A			
	T 0 1	P.O. Box NOT acceptable			
	Tallahassee	FL 3230	08		
The street address changed will	ess of its registered office ar	nd the street address of the	business office o	f its registered agent.	
Such change w authorized by t	as authorized by resolution he board, or the corporation	duly adopted by its board o has been notified in writing	of directors or by g of the change.	an officer so	
1st John Ki		John Killora	John Killoran		
I hereby accept I further agree of my duties, ar document is be	re of an officer or director the appointment as register to comply with the provision ad I am familiar with and ac ing filed merely to reflect a s been notified in writing of	ns of all statutes relative to cept the obligation of my p change in the registered off	the proper and c osition as reviste	complete, performance vred agent. Or sibthis	
Д	ملك زومه	01/28/202	25	128	
Sig	gnature of Registered Agent		Date	高岛王 河	
If signing on bo	chalf of an entity:			: F	
	er, Assistant Secretary			50 VIE	
1	yped or Printed Name				