

F22000003474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

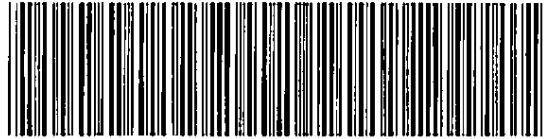
(Document Number)

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DoMyLLC

5716 Corsa Ave Suite 110  
Westlake Village, CA 91362

Phone: (818) 264-4266  
Toll-Free: (888) 366-9552  
Fax: (877) 366-9552  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

December 7, 2023

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

Dear Florida Secretary of State,

Enclosed please find the Change of Registered Agent and filing fee for Retail Security Services, Inc.

Check #: 5199

Check Amount: \$35.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC  
Attn: Processing  
5716 Corsa Ave. Suite 110  
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing  
[Processing@domylc.com](mailto:Processing@domylc.com)  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Retail Security Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F22000003474

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:

Jourdan Cerrillo

Name of Contact Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave. Suite 110

Address

Westlake Village, CA 91362-7354

City/State and Zip Code

compliance@domylc.com

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

For further information concerning this matter, please call:

Jourdan Cerrillo on behalf of DoMyLLC.com, LLC at 888-366-9552

Name of Contact Person

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

**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 NY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Retail Security Services, Inc.
2. The principal office address: 5 Orville Dr, Suite 100  
Bohemia, NY 11716
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/13/2022 Document number: F22000003474
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)

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301-2525

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

InCorp Services, Inc.

3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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.



Kathleen Larmour  
Signature of an officer or director

Kathleen Larmour, Chief Executive Officer  
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.*

[Signature]  
Signature of Registered Agent

12/01/2023

Date

If signing on behalf of an entity:

Louise Breytenbach on behalf of InCorp Services, Inc.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

2023 JAN 10 AM 11:08

FILED