F22000005259

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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July 14, 2023

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original submission date as file date.

SUBJECT: LIFE SAFETY SYSTEMS, INC. Ref. Number: F22000005259

We have received your document for LIFE SAFETY SYSTEMS, INC.. However, the document has not been filed and is being returned for the following:

The document must include the name of the current registered agent and address.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 823A00015639

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	10. :	12000000	195			
REFEREN	ICE :	869082	8272218			
AUTHORIZATI	ON :		0			
COST LIM	IIT :	\$ 35.00	exam			
ORDER DATE : July 13, 2023	,	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ				
ORDER TIME : 10:54 AM						
ORDER NO. : 869082-005						
CUSTOMER NO: 8272218						
		· 				
CHANGE OF AGENT						
NAME: LIFE SAFET	reye y	TEMS, INC.				
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FIL	ING:			
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
	EXAMI	NER'S INIT	IALS:			

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ar to change its registered office or registe	ized under the laws of the	State of Maryland	
i. The name of t	the corporation: LIFE SAFETY SYSTEM	S, INC.		
2. The principal	office address: 1417 Knecht Avenue, Ba	Itimore, MD 21227		
3. The mailing a	address (if different): c/o Sciens Building	Solutions, 2251 Rosselle	Street, Jacksonville, FL 3220	4
4. Date of incorp	poration/qualification: 03/11/1996	Document number:	F22000005259	
	d street address of the current registered a timent of State: (If resigned, enter resigned		on file with the	
	CT Corporation			
	1200 South Pine Island Road		202	
	Plantation, FL 33324		. 3 JU!	•
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or reg		
	Corporation Service Company			<u>ل</u> ءِ-
	1201 Hays Street			٠.
		NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business o	office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors tified in writing of the ch	or by an officer so lange.	
1	v. Xi	Michael Dawid, CFO		
_	re of an officer or director	Printed or typed		
Corporation	the appointment as registered agent and o comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Sprice Company	d agree to act in this cap ites relative to the prope gation of my position as registered office addres	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the	
By: Eylum	a Oakuc	07/12/2023		
∨ Sigr	nature of Registered Agent	Dat	e ·	
If signing on bel	half of an entity:			
Ty	ped or Printed Name			
-	* * * FILING FF	F· \$35 AA * * *		

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

CR2E045 (04/13)