## F94000001529

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		:
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Office Use Only



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O SIMMONS FEB 0 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195			
REFERENCE	: 435694 7928072			
AUTHORIZATION	: Louis Rena			
COST LIMIT	: \$(3500			
	·			
ORDER DATE : January 26, 2022	2			
ORDER TIME : 2:10 PM				
ORDER NO. : 435694-014				
CUSTOMER NO: 7928072				
CHANGE OF AGENT				
NAME: SECURITY VAUI	LT WORKS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weila	and			
EΣ	KAMINER'S INITIALS:			

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

statement of char	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga to change its registered office or regis	mized under the law	vs of the State of MD	
I. The name of t	ne corporation: SECURITY VAULT W	ORKS, INCORPOR	RATED	
2. The principal (	office address: 3033 NW 25th Avenue	Building 6, Pompa	no Beach, FL 33069	
3. The mailing as	ddress (if different): 122 LAFAYETTE	AVE., LAUREL, MI	D 20707	
4. Date of incorp	oration/qualification: 03/28/1994	Document r	number: <u>F94000001529</u>	<del>}</del>
5. The name and	street address of the current registered tracent of State: (If resigned, enter resigned,	agent and registere		
	REGISTERED AGENT SOLUTIONS	S, INC.		
	155 OFFICE PLAZA DRIVE SUITE	4	<del></del>	.s 20
	TALLAHASSEE, FL 32301			II J
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and	I /or registered office	SECRETARY OF ST
	Corporation Service Company			200 星
	1201 Hays Street			755
		lox NOT acceptable	22204	F19
	Tallahassee	FL	32301	
The street addre	ss of its registered office and the stree be identical.	et address of the but	siness office of its regist	tered agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of d notified in writing o	lirectors or by an officer of the change.	·so
N-	F.M.S.	Nick Pellegrino		sident
•	e of an officer or director		ed or typed name and title	
corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ol nog filed merely to reflect a change in to been notified in writing of this chang n Service Company	ind agree to act in the states relative to the soligation of my posithe registered office e.	this capacity. e proper and complete pition as registered agent e address, I hereby conf	performance 1. Or if this irm that the
	ace to Kubly	01/25/2022		
Sig	nature of Registered Agent		Deze	
If signing on be	half of an entity:			
	Asst Vice President			
Ту	ped or Printed Name			
	* * * FILING F	EE: \$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)