

F96000004332

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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C. McNAIR

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: agent@bizfilings.com

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REGISTERED AGENT CHANGE
REVERE CONTROL SYSTEMS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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OCT 01 2019
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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 Alabama _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: REVERE CONTROL SYSTEMS, INC.
- 2. The principal office address: 2240 Rocky Ridge Road, Birmingham, Alabama 35216
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/5/1996 Document number: F96000006332

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)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Business Filings Incorporated
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

Robert R. Adams

Signature of an officer or director

Robert R. Adams, 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.

Mark Williams

Signature of Registered Agent

24th day of September, 2019

Date

If signing on behalf of an entity:

Mark Williams, AVP

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
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