# F97000002191

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A. RAMSEY

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# **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

10/09/2023

Date:

4: DW

		Acc#I20160000072				
Name:	Assa Abloy E	Assa Abloy Entrance Systems US Inc				
Document #:						
Order #:	15157813					
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of						
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:				
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Thank you!

#### PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

	(1-3 N	SECTION I IUST BE COMPLET	(ED)	State) State
	F97000002191			
	(Document r	number of corporation	(if known)	
ASSA ABLOY ENTRANCE S	YSTEMS US INC.			10000000000000000000000000000000000000
Connecticut	lame of corporation as it a	• •		State) & State    Sta
(Incorporat	ed under laws of)	····	(Date authorized to d	lo business in Florida)
		SECTION II ONLY THE APPLIC.		
. If the amendment changes the r incorporation?			fected under the laws	of its jurisdiction of
(Name of corporation after the not contained in new name of t	amendment, adding suffix he corporation)	"corporation," "comp	any," or "incorporate	d," or appropriate abbreviation, if
(If new name is unavailable in )  6 If the amendment changes				sacting business in Florida)
		(New duration)		
7 If the amendment changes	the jurisdiction of incorpe	oration, indicate new j	urisdiction.	
		(New jurisdiction)		
<ol> <li>If amending the registered as new registered agent and/or</li> </ol>	gent and/or registered off the new registered office	fice address in Florid address:	a, enter the name of	[ the_
Name of New Registered	lgent			
	(F)	lorida street address)		<del></del>
New Registered Office Addi	<u> 288</u> :	(City)	Flor	ida(Zip Code)
New Registered Agent's Sig I hereby accept the appointme	nature, if changing Regis nt as registered agent. I c	stered Agent: am familiar with and o	eccept the obligations	of the position

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title: Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Director	Massimo Grassi	1900 Airport Road	Add
		Monroe, NC 28110	(× temove
Director	Marina Lindholm	1900 Airport Road	Add
		Monroe, NC 28110	<u>L×</u> .₹emove
			Add
			L.Remove
			Add
			(Remove
			Add
			- Cemove
10. Attached is a of the applic under the law	a certificate or document of similar import, aation to the Department of State, by the Secretors of which it is incorporated.  (Signature of a direction)	evidencing the amendment, authenticated stary of State or other official having custod ctor, pesident or other officer - if in the hacour appointed fiduciary, by that fiduciary	
	a receiver or other		
**	(Typed or printed name of person signing)	Yice President, Tree (Title of p	person signing)

FILING FEE \$35.00