Q64468

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Bosiness Entry Warne)				
(Document Number)				
(Boodine Halliber)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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SEP 2 3 2023				

Office Use Only



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09/22/23--01001--005 **35.00

2023 SEP 21 PM 12: 31

023 SEP 21 PM 4

RECEIVED 2023 SEP 21 PM 4: 26

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

		0502, 607.1508, or 617.1508, Florida Statute ganized under the laws of the State of <u>Florid</u> a	
		gistered agent, or both, in the State of Florida	
1. The name of	the corporation: SECURITY AND FIR	RE ELECTRONICS, INC.	
2. The principal	office address: 2590 DOBBS ROAD 9	% DONALD S. GRUNDY ST. AUGUSTINE, F	L 32086
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:	Document number:	
	d street address of the current register trment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	GRUNDY, DONALD S.		989 888
	2500 DODDS PAAD		2023 SEP 21 SECRETARY
	ST. AUGUSTINE, FL 32086		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	PH 12: 31
	Universal Registered Agents, Inc.		• • • • • • • • • • • • • • • • • • • •
	1317 California Street		
	P.C	Box NOT acceptable	
	Tallahassee, FL 32304		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its regis	itered agent,
Such change was authorized by t	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an office i notified in writing of the change.	г 50
15% Jog	h Grahm	Joseph Graham, VS	
-		**	
l hereby accept I further agree of my duties, ar document is bet corporatier ha	the appointment as registered agent to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change is s been not filed in writing of this chai	t and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered agen n the registered office address, I hereby con nge.	performance it. Or, if this firm that the
NZ.		09/20/2023	
Sign	ruture of Registered Agent	Detc	
If signing on be	chalf of an entity:		
Ashton Villegas			
T	yped or Printed Name		

FIM

* * * 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)