LOWODDO 27844

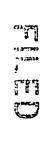
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| | | · |
| PICK-UP | WAIT | MAIL |
| | _ | |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



100326405581

2019 APR 26 AM 9: 26





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 741508 4306747 | | | | | | |
| AUTHORIZATION: | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| | | | | | | |
| ORDER DATE : April 25, 2019 | | | | | | |
| ORDER TIME : 9:13 AM | | | | | | |
| ORDER NO. : 741508-015 | | | | | | |
| CUSTOMER NO: 4306747 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| | | | | | | |
| NAME: EMPIRE FIRE SAFETY LLC | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| GRANTITED GODY | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |
| | | | | | | |
| CONTACT PERSON: Lydia Cohen EXT# 62974 | | | | | | |

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

| 1. N | ame of the limited liability company: Empire Fire | Safety LLC | | |
|---------------------------|---|--|---|---------------------------------------|
| 2. (a) | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited I (Note: MAY BE POST of | iability company: |
| | 2200 SW 67th Avenue | 220 | 00 SW 67th Avenue | |
| | Miami, FL 33155 | Mia | ımi, FL 33155 | |
| | March 16, 2006 | L060 | 000027864 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | 1 | | | |
| J. (a | Registered Agent and Registered Office shown on the records of | f the Florida Dept. | of State: | |
| | Antonio E. Hernandez | | | 2 |
| | Registered Office Address (MUST BE FLORIDA STREET | 'ADDRESS) | | 019 |
| | 2200 SW 67th Avenue | | | ₩ |
| | Miami , FI | 33155 | | 20 1000 |
| | | | United States | |
| (b) | | | | 9: 2 |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office address: | 1 1 | r: 16 |
| | Corporation Service Company | | | |
| | NEW Registered Office Address: | • | | |
| | 1201 Hays Street | | | |
| | Tallahassee | , 32301 | | |
| | , FI | L | | |
| the ch agent was/w | limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the second of the members of the second of the decides of organization or the operating agreement of the | f the registered iability compan of the limited li | office and the business office y, it is hereby confirmed that lability company or as others | ce of the registered it the change(s) |
| | 1111 | Terry He | eath, Authorized Repres | |
| _ | ature of a member or authorized representative of a member | | Printed or typed name of s | - |
| provis the ob tomer | by accept the appointment as registered agent and ag- tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I ed injyriting of this change. | e performance o | of my duties, änd I am Jamili | ar with and accept |
| \sum | Hydlia C | | | |
| Signati | ure of Registered Agent Asst. Vice | President | | |