L13000087957

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000293036410

12/16/16--01018--010 **25.00

16 DEC 16 PM 4: 10

DEC 1 9 2016 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes anthony.holmes@cscglobal.com

Date: December 14, 2016

Order#: 420720/015

Re: ADVANCED FIRE SPRINKLERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Holmes c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: Advanced f	Fire Sprin	nklers, LLC	<u> </u>
2. (a)	2701 Catoway Drive			ateway Drive
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach, Florida		Pompan	o Beach, Florida
	33069		33069	
	06/18/2013		L1300008	37957
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mark S. Mucci			
v. (-)	Registered Agent and Registered Office shown on the records 5561 N University Dr Registered Office Address (MUST BE FLORIDA STREE			#
	Suite 102	I ADDRESS	<u>n</u>	
		33067		
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	16 C
	1201 Hays Street			DEC
	NEW Registered Office Address:			SSEE, F
	Tallahassee, F	L_32301-	-2525	14:10 FLORIDA
agent was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members clessof organization or the operating agreement of the	of the regis liability co s of the lim	stered office ompany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	2(5/0)	Eric	G. Rode	, Authorized Person
. .	ture of a member or authorized representative of a member	_		Printed or typed name of signee
the oblito mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, at in writing of this change.	gree to act e performo led for in C I hereby co	in this capa ince of my a Chapter 605, onfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Grace	E. Kirby, Asst. Vice President Division of Corporations • P.O.	. Box 6327	• Tallahass	see, FL 32314

FILING FEE: \$25.00