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2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868 REFERENCE # MUST BE ON INVOICE TO BE PAID

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AE: Cori Ann Crosthwaite REFERENCE: 1828140

TO: Florida Department of State Division of Corporations PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

MORRELL GILHOOLY SECURITY OF FORT MYERS LLC

File Change of Registered Agent

IN: FL

## PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

## 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.

. (a) Principal office address of lin ( <u>Note: MUST BE STR</u>		(*)	(b)	
17595 S. Tamiami Tr STE 270	0	175	595 S. Tamiami Tr ST	E 270
Fort Myers, FL 33908	· · · · · · · · · · · · · · · · · · ·	E	ort Myers, FL 33908	
07/31/2015		Ľ	15000131087	
. Date of filing/registrat	tion in Florida	4.	Document numb	er
UNITED STATES CORP				
Registered Office Address <u>(MUS</u> 5575 S, SEMORAN BLV	T BE FLORID.1 STREE			
Registered Office Address (MUS)	<u>t be florid i stree</u> /D SUITE 36	T <u>ADDRESS</u>		
Registered Office Address <u>(MUS)</u> 5575 S. SEMORAN BLV ORLANDO	<u>T BE FLORID.1 STREE</u> (D SUITE 36 , 1	<u>7.100RESS</u> 7132822		AUG
Registered Office Address (MUS) 5575 S. SEMORAN BLV ORLANDO	T BE FLORID.1 STREE (D SUITE 36 	<u>7.100RESS</u> 7132822	<u>&gt;&gt;:</u>	2 AUG 22 A
Registered Office Address <u>(MUS)</u> 5575 S. SEMORAN BLV ORLANDO (b) Enter name of <u>NEW Registered Age</u>	T BE FLORID.1 STREE (D SUITE 36 	<u>7.100RESS</u> 7132822	<u></u>	2 AUG 22 A
Registered Office Address <u>(MUS)</u> 5575 S. SEMORAN BLV ORLANDO (b) Enter name of <u>NEW Registered Age</u> Rocket Lawyer Corporate Servic	T BE FLORIDA STREE (D SUITE 36 	<u>7.100RESS</u> 7132822	<u></u>	ADE 22 AUG 22 AUG 9: 09

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Printed of typed name of signee

Signature of a member or authorized representative of a member

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Sales Vincon

> Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00