4/6000061439

(Requestor's Name)			
(Adda	ress)		
(Address)			
(, , , , , , , , , , , , , , , , , , ,	, ,		
(City/	State/Zip/Phoni	e #)	
PICK-UP	WAIT	MAIL	
(Busi	ness Entity Nar	me)	
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(Doc)	ument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Fi	ling Officer		
Special instructions to 1 ming Officer.			
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/26/2021			
Name:				
	1319875	-		
Entity Nan	ne: PEACE OF MIND S	ECURITY AGENCY, LLC		
☐ Arti	cles of Incorporation/Authorization	o Transact Business		
Am	endment			
✓ Change of Agent				
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
Oth	ner			
Authorized	(Jan Variantina			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/26/2021	
Name:		
Reference #	4240075	
Entity Name	PEACE OF MIND	SECURITY AGENCY, LLC
Article	es of Incorporation/Authorization	on to Transact Business
Amer	ndment	
	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount \$25.00	

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.

PIONG		E NAINIEN (OFOLIDITY AOFNOY ILO
1. N	ame of the limited liability company: PEACE O		SECURITY AGENCY, LLC
2. (a)		(b	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	March 28, 2016		L16000061438
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, UNITED STATES CORPORATION AGEN	ITS, INC.	> .
<i>3.</i> (<i>a</i>	Registered Agent and Registered Office shown on the records of	of the Florida	da Dept. of State:
	5575 S. SEMORAN BLVD		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	5.52
	Suite 36		
	Orlando	_{:L_} 32822	
(þ)			Address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	iddress:
	115 North Calhoun St., Suite 4	· · · · · · · · · · · · · · · · · · ·	JAN 26 P
	NEW Registered Office Address:		5 2: 12 Florid
	Tallahassee, r	_L 32301	1
sign. Sign. I heroprovise the object of merital and the characteristics.	limited 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 tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the language of a member or authorized representative of a member the appointment as registered agent and a sions of all statutes relative to the proper and completing atoms of my position as registered agent as provided in writing of this change.	of the regis liability cos of the lim ne limited l	gistered office and the business office of the register company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in I liability company. .mmy H Purkett Printed or typed name of signee ct in this capacity. I further agree to comply with the

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00