Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000166360 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
emalt	Address:			

LLC REGISTERED AGENT CHANGE FORTIFICATION TESTING & EMERGENCY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

···· () 3 2923

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.	Na	ame of the limited liability company: FORTIFICAT	ION TE	STING & I	EMERGENCY SEP	RVICES, LLC
2.	(a)		(b)			
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	、,		lailing address of limited liat (Note: MAY BE POST OF	
		04/03/2020		L2000009	96034	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	GARNER, MARGARET				
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:		
		501 E. LAS OLAS BLVD				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
		SUITE 200/300				
		FORT LAUDERDALE , FL	33301			21
	(b)	Registered Agents Inc			· -	2023 HAY
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
		7901 4th St N				-3 PM
		<u>NEW</u> Registered Office Address:			•	→ Q:
		STE 300				; 00
		St. Petersburg Fi	33702			_
the ag wa the	e cha ent v is/wo e arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability cor of the limit	ered office and pany, it is ted liability	and the business office hereby confirmed that company or as otherw	of the registered the change(s)
<u>/</u>	7 V~	fure of a member or authorized representative of a member	Robi	in Jones		
					Printed or typed name of sig	
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provideely reflect a change in the registered office address, I id in writing of this change.	ree to act i performa d for in Ci hereby coi	n this capac nce of my di hapter 605, afirm that th	city. I further agree to uties, and I am familia. F.S. Or, if this docum he limited liability com	comply with the r with and accept ent is being filed pany has been

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

and Coorts David Roberts - Assistant Secretary

Signature of Registered Agent