

L23000143174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

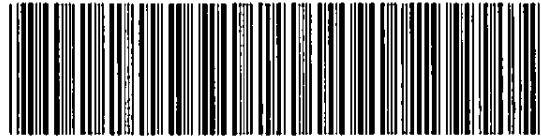
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 11 2023

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FILED
2023 MAY 10 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAY 10 PM 12:25
TALLAHASSEE, FLORIDA



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

Account#: I20000000088

Date: 05/10/2023

Name: Merritt Walker

Reference #: 1965417

Entity Name: STATE FIRE EXTINGUISHER SERVICE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: mw



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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
agent is hereby making statement in order to change its registered office or registered agent, or both, in the State of
Florida.

Name of the limited liability company: STATE FIRE EXTINGUISHER SERVICE, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

No Change

No Change

3. May 9, 2007 4. L23000143174
Date of filing/registration in Florida Document number

5. (a) HARTLINE, ALAN L
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
2501 PARTRIDGE DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER HAVEN FL 33884

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4

NEW Registered Office Address:

Tallahassee FL 32301

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.

[Signature]
Signature of a member or authorized representative of a member

John Westhoff
Printed or typed name of signer

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FL 32301

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