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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.\*\*

್ರ್ಲ್ Email Address:\_

## LLC REGISTERED AGENT CHANGE THE SCHOOL SAFETY SPECIALIST LLC

Certificate of Status	0
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M. SOLOMON

MAY 2 2 2023

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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 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:	FETY SPECIALI	ST LLC	
2. (a)		(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)	
	05/18/23		)244438	
3.	Date of filing/registration in Florida	- <u> </u>	Document number	
5 (0	, RUSSO. JOHN D			
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. o	f State:	
	2431 COVINA WAY S		·	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)		
	SAINT PETERSBURG , FL.	33712	2023	
(b)		000	2023 MAY 19	-
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		[]
	7901 4th St N		AH II: 30	(_
	NEW Registered Office Address:		30	
	STE 300		· ·	
	St. Petersburg . FL.	33702		
If the	limited liability company is not organized under the law	vs of the State o	of Florida, it is hereby confirmed that after	r
agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	bility company f the limited lia	<ul> <li>it is hereby confirmed that the change(s ability company or as otherwise provided</li> </ul>	)
	ature of a member or authorized representative of a member	Robin Jones	•	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei notific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he is writing of this change.	performance of I for in Chapter tereby confirm	capacity. I further agree to comply with fmy duties, and I am familiar with and ac r 605, F.S. Or, if this document is being f that the limited liability company has bee	the cept iled n
Sienar	David Roberts - Assistant Se	cretary		