Fax: 8134365206 Page: 1/2 10/22/2024 12:06:58 PDT To: 18506176383

Florida Department of State Division of Corporations

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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 : (813)436-5206

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

Email Address:___

LLC REGISTERED AGENT CHANGE MARKSMAN SECURITY, LLC

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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: Marksma	n Se	curity,	LLC
2. (a)	7901 4th St N	(b) 7901 4th St N		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		STE 30	0
	St. Petersburg, FL 33702	_	St. Peter	sburg, FL 33702
	10/03/2003		L2400	0327673
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			
5. (u)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	
	PLANTATION	3332	4	
(b)	(b) Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			2624 6:
()				<u> </u>
	7901 4th St N			22
	NEW Registered Office Address:			~ ,
	STE 300			12.
	St. Petersburg , FL	3370	2	7412: 37
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member.	the regi bility c f the lin limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to ac perform I for in ereby c	t in this cape lance of my c Chapter 605 onfirm that t	icity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent

Taylor Newman - Assistant Secretary