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| (Requestor's Name) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Danuard Musebac) | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | | |
| Special Instructions to Filing Officer. | | | | | | | | | |
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Office Use Only



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SECKENDY OF STATE AND SEE, PLURILL

Jan 1 1 1

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| ACCOUNT NO. : 12000000195 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| REFERENCE : 342517 156084A | | | | | | | | | |
| AUTHORIZATION: THE BELLIAN | | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | | |
| ORDER DATE : December 21, 2021 | | | | | | | | | |
| ORDER TIME : 10:23 AM | | | | | | | | | |
| ORDER NO. : 342517-025 | | | | | | | | | |
| CUSTOMER NO: 156084A | | | | | | | | | |
| | | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | | |
| NAME: SECURAMERICA, LLC | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | | |
| CONTACT PERSON: Alexxis Weiland | | | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | | | |

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: SECURAMERIC | CA, LL | .C | | | | | | | |
|--|--|--------------------------------|---|---|---|--|--------------|-----------------------------|---|--|
| 2. (a) | 3399 Peachtree St | | (b) | 3399 Pea | chtree St | | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX | | | | | | - | |
| | Ste 1000 | | Ste 1000 | | | | | | | |
| | Atlanta, GA 30326 | _ | | Atlanta, GA 30326 | | | | | | |
| | 07/23/2004 | | ł | M04000002 | 959 | | | | | |
| 3. | Date of filing/registration in Florida | _ 4. | - |] | Document nur | nber | | | | |
| 5. (a | CT CORPORATION SYSTEM | | | | | 1 | (A) | 202 | | |
| J. (u | Registered Agent and Registered Office shown on the records of | the Flor | rida | Dept. of State | : | AL | CREE | 2022 JAN | 7 | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | | 5 | | 1373231 CENTRY | |
| | Registered Office Address (MUST BE FLORIDA STREET) | 4DDRI | ESS) | | | | (| ငာ | ी गणास्त्रस्य | |
| | | | | | | 1,0 ,1, | 1 | ** | , 1 <u>3</u> | |
| | PLANTATION, FL | 3332 | 4 | | | | 1.4Ls 2.3.4 | AH 10: 33 | `ಜವ್ | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | Office | add | FENN: | | | | | | |
| | NEW Registered Office Address: | | | | | | | | | |
| | 1201 Hays Street | | | | | | | | | |
| | Tallahassee . FL | 3230 | 1 | | | | | | | |
| chang agent was/w the art Signa I here provis the obto mer | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member of the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I if d in writing of this change. | registability of the I limited | erec con imi d lia ill C | d office and apany, it is ted liability compilmi, Author at this capa | the business of hereby confirm company or a pany. rized Person Printed or typed city. I further | office of t med that t is otherwi name of sig | he rethe con | egister hanger rovide | ed (s) d in ———————————————————————————————————— | |
| 75.7 | Drace Cokuby | | | | | | | | | |

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company