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PICK-UP	□ w	AIT	MAIL
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 987527 8373845
AUTHORIZATION Spelle Kar
COST LIMIT : 25.00
ORDER DATE : October 3, 2022
ORDER TIME : 8:55 AM
ORDER NO. : 987527-015
CUSTOMER NO: 8373845
FOREIGN FILINGS
NAME: STANLEY ACCESS TECHNOLOGIES LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

SUBJECT: Stanley Access Technologies LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address:	_	stration Section sion of Corporations		
Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number	SUBJECT:	Stanley Access Technologies LLC		
The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number		Name of Foreign	Limited Liability Co	mpany
Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number	Dear Sir or N	Madam:		
Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number	The enclosed	d application, certificate and fee(s) a	re submitted for filing	y.
Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Please return	all correspondence concerning this	matter to the followi	ng:
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		Name of Person		
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at () Name of Person Area Code & Daytime Telephone Number		Firm/Company		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		Address	·	
For further information concerning this matter, please call:		City/State and Zip Code		
at () Name of Person Area Code & Daytime Telephone Number	E-mail add	dress: (to be used for future annual r	eport notification)	
Name of Person Area Code & Daytime Telephone Number	For further in	- ·		
Mailing Address: Street Address:			·	time Telephone Number
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Regi: Divis P.O.	stration Section sion of Corporations Box 6327	Registr Division The Ce 2415 N	ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810
Enclosed is a check for the following amount: □\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy CR2E055 (9/15)	□\$25 Filing	Fee ☐ \$30 Filing Fee & Certificate of Status	🗆 \$55 Filing Fee &	Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Dep	partment of
State: Stanley Access Technologies LLC		
Enter new principal office address, if applicable:	****	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		5 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
2. The Florida document number of this limited lia		
3. Jurisdiction of its organization: Delaware	0,000	
4. Date authorized to do business in Florida: 03/3	0/2022	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: Al (must	llegion Access Technologies LLC t contain "Limited Liability Compa	; any, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alter	iness in Florida and attach a mate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	ed officer address on our records, <u>e</u> ddress here:	enter the name of the new
Name of New Registered Agent:	Publica de	
New Registered Office Address:		
	Enter Florida S.	treet Address
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	gistered Agent: it and agree to act in this capacity, and complete performance of my a ered agent as provided for in Chap in the registered office address, I k	. I further agree to comply with duties, and I am familiar with oter 605, F.S. Or, if this

itle/ Capacity		<u>Address</u>	Type of Actio
1ember	Allegion US Holding Company Inc.	11819 North Pennsylvania Street, Carmel IN 46032	\equiv \equiv Add
			□Remo
Member 	Allegion US Holding III Inc.	11819 North Pennsylvania Street, Carmel IN 46032	■Add
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aforemention	a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this endity is organ	the official having custody of records in the	□Remo

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STANLEY ACCESS
TECHNOLOGIES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "ALLEGION ACCESS TECHNOLOGIES LLC" ON THE FIRST DAY
OF SEPTEMBER, A.D. 2022, AT 8:27 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLEGION ACCESS TECHNOLOGIES LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2006.



Jeffrey W. Bullock, Secretary of State

4085793 8320 SP# 2022272707

Authentication: 204590293