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Electronic Filing Cover Sheet

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	Account Name	: C T CORPORATION SYSTEM		2019	
	Account Number	: FCA000000023			
	Phone	: (614)280-3338		JAH	
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LLC REGISTERED AGENT CHANGE FIRE & SECURITY HOLDINGS, LLC

Certificate of Status	0
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T. CLINE
JAN 29 2019
EXAMINER

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Corporate Filing Menu

Help

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.

(a)	no change	(b)	ange
(4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY RE POST OFFICE BOX)
	09/25/2013	_	0006079
	Date of fifing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11380 PROSPERITY FARMS ROAD #221E		4
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2019 JAN
	PALM BEACH GARDENS, FL, FL	33410	JAN 28 AM 9: 4
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	AM 9: 4:
	C T Corporation System		ч Ст
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FE	33324	
e cha gent v	imited liability company is not organized under the larging or changes are made the Florida street address o will be identical. Or, if the case of a Florida limited liere authorized by an artificiative vote of the members icles of organization of the operating agreement of the	f the registered o ability company of the limited lia	ffice and the business office of the registe, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	nure of a member of hithorized representative of a member		Printed or typed name of signee
OVIS 10 Ob	by accept the appointment as registered agent and ag ions of all standes relative to the proper and complete figations of my position as registered agent as provide ely reflect a change in the registered office address, I	e perjormance of ed for in Chapter	· my auries, and r am jamitial with end occ · 605. F.S. Or. if this document is being th

Division of Corporations

P.O. Box 6527

Tallahassee, FL 32314

FILING FEE: \$25.00