Melacable

(Requestor's Name)						
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(,,,,,,						
PICK-UP WAIT MAIL						
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(Business Entity Name)						
(Document Number)						
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09/30/24

CORPORATION SERVICE COMPANY 1201 Hays Street

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

• , .)

ACCOUNT NO. : 12000000195						
REFERENCE : 659632 8457734						
AUTHORIZATION :						
COST LIMIT : \$ 25.0						
ORDER DATE : September 26, 2024						
ORDER TIME: 1:45 PM						
ORDER NO. : 659632-007						
CUSTOMER NO: 8457734						
CHANGE OF AGENT						
NAME: PREMIERE SECURITY, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
AA FERIN SIMPED COFT						
CONTACT PERSON: Shauna Godbolt						

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.	Na	me of the limited liability company: PREMIERE SEC	URIT	Y, L	LLC	
2	(a)	3009 W. Montrose Ave.		(b)	3009 W. Montrose Ave.	
	(···)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Chicago, IL 60618	-		Chicago, IL 60618	
		08/27/2014		ı	M14000006120	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Merideth C. Nagel, P.A.				
٥.	(,	Registered Agent and Registered Office shown on the records of th	e Flori	da I	a Dept. of State:	
		1201 W. Highway 50				
		Registered Office Address (MUST BE FLORIDA STREET AD	<u>ี้ </u>			
		Clermont, FL	34711			
	(b)					
	(0)	, <u> </u>				
		Corporation Service Company	Office address: ASSEE, FLE			
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	32301			
cha ago wa	inge int v s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the raill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	egiste pility o Tthe li	red con mit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) tited liability company or as otherwise provided in	
/S/ Ann Johnson				Ann Johnson, Managing Member		
	lignat	ure of a member or authorized representative of a member			Printed or typed name of signee	
pre the to a not	ovisio obli mere vifico	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I he fin writing of this change. The confedence of Registered Agent	e to a erfori for in erehy	ct ii nai Ch	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Junter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FILING FEE: \$25.00

• 659632