

M15000006081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

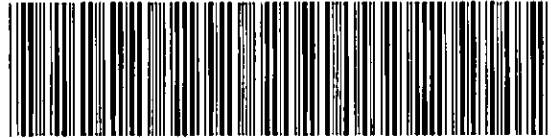
(Business Entity Name)

(Document Number)

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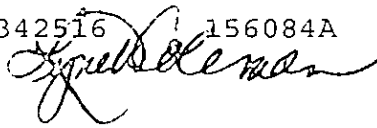
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JAN 18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 342516 156084A  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : December 21, 2021  
ORDER TIME : 10:52 AM  
ORDER NO. : 342516-377  
CUSTOMER NO: 156084A  
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CHANGE OF AGENT

NAME: SECURADYNE SYSTEMS  
INTERMEDIATE 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. Name of the limited liability company: SECURADYNE SYSTEMS INTERMEDIATE, LLC

2. (a) 161 Washington Street (b) 161 Washington Street  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Suite 600 Suite 600  
Conshohocken, PA 19428 Conshohocken, PA 19428

3. 07/31/2015 4. M1500006081  
 Date of filing/registration in Florida Document number

5. (a) CT CORPORATION SYSTEM  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PLANTATION, FL 33324

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 TALLAHASSEE, FL

(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi Jill Cilmi, Authorized Person  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby  
 Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company  
**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**