## M16000010437

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

Office Use Only



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JAN : Cara

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

A. •

	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	342517	156084A			
	AUTHORIZATION	:		4			
	COST LIMIT	:	\$2500 BC	enda			
	- <b></b>						
ORDER DATE :	December 21, 202	1					
ORDER TIME :	10:23 AM						
ORDER NO. :	342517-015						
CUSTOMER NO:	156084A						
		<del>-</del>	<b></b>				
CHANGE OF AGENT							
NAME:	SECURADYNE SYS	STE	MS, LLC				
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG:			
CERTIFIED COPY XX PLAIN STAMPED COPY							
XX PLAIN	STAMPED COPY						
CONTACT PERSON	: Alexxis Weilar	ıd					

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: SECURADYNE	SYS	ГЕМ	S, LLC	
2	(a)	1551 N. Tustin Ave.		(b)	1551 N.	Tustin Ave.
	(4)	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)
		Ste 650			Ste 650	
		Santa Ana, CA 92705			Santa Ar	na, CA 92705
		12/29/2016		1	M160000	10437
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	CT CORPORATION SYSTEM				
٥.	(11)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flo	rida	Dept. of Sta	ite:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2022 J SECT
		PLANTATION	3332	!4		SEURE MAIL
	(h)					SSO A MI
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	ress:	A III O
		Corporation Service Company				四
		NEW Registered Office Address:				_
1201 Hays Street					_	
		Tallahassee, Fi	_3230	1		_
cha age wa	inge ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li tre authorized by an affirmative vote of the members a cles of organization or the operating agreement of the	e regist ability of the	erec con limi	l office ar ipany, it i ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		ure of a member or authorized representative of a member	J	ill C	ilmi, Auth	orized Person
S	ignat	ure of a member or authorized representative of a member	-			Printed or typed name of signee
-not	теа	ny accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide in reflect a change in the registered office address, I in writing of this change.  Lione Lekaby Te of Registered Agent	rec to perfoi d for i herehy	act i mai n Cl ' coi	n this cap ice of mv iapter 60, ifirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company				
CHAI	I	Division of Corporations P.O.	Box 6.	327	Tallaha	ssee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (2/14)