Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000282110.3)))



H2400028211034BCU

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FIRST COAST CORPORATE SERVICES

Account Number : I20240000035 Phone : (904)490-0391 Fax Number : (706)310-8269

Commission of the Commission o

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE PREVENT ALARM COMPANY, L.L.C.

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\$25.00

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AUG. 2.3. 2024

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Prevent Alarm Comp:	my, L.L.C.	
THE TANK		Name of Lir	mited Liability Company
Dear Sir	or Madam:		
The enel	osed Registered Agent/Registered	Office Chan	nge and fee(s) are submitted for filing.
Please re	eturn all correspondence concernin	g this matter	r to the following:
	Name of Person		
Universa	l Registered Agents, Inc.		
	Firm/Company		
12900 M	ETCALF, SUITE 140		
	Address		
OVERLA	AND PARK, KS 66221		
	City/State and Zip Co	de	
INFO@U	JRAGENTS.COM		
E-1	nail address: (to be used for future	annual repo	ort notification)
For furth	er information concerning this ma	tter, please e	eall:
KATIIY	BUTLER	at (855-236-9172
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
1	Enclosed is a check for the follow	ving amount	ıt:
(☐ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy
1NHS18 (2/14)		

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	ame of the limited liability company: Prevent Alaim	Company, L.L	<u> </u>			
2. (a)		(b)				
2. (4)	Principal office address of limited hability company (<u>Note MUST BE STREET ADDRESS</u>)		Mailing address	s of limited liability company TBE POST OFFICE BOX		
	91C LUKENS DR.	1	650 SUCKLE HWY	EHWY		
	NEW CASTLE, DE 19720	P	ENNSAUKEN, NJ 08	110		
	05/07/2015	MI	7000000248			
3.	Date of filing/registration in Florida	<u> </u>	Document r	number		
5. (a)	INCORP SERVICES, INC.					
J. (u)	Registered Agent and Registered Office shown on the records 3458 LAKESHORE DRIVE	s of the Florida De	pt of State			
	Registered Office Address <u>(MUST BE FLORIDA STRE)</u>	ET ADDRESS)				
	TALLAHASSEE	FL.32312		בון ממא אוופ זאַנגאָדּוֹץ		
(h)	Universal Registered Agents, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	<u></u>	LEL 22 AM Casabian			
	1317 California Street			2: 58 2: 58		
	NEW Registered Office Address			÷ •		
	Tallahassee	FL_32304	<u> </u>			
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the Tillay, Secretary ture of a member or authorized representative of a member	the registered of Hiability comp rs of the limite	office and the businessany, it is hereby cond liability company cility company.	ss office of the registered firmed that the change(s)		
Signa	ture of a member or authorized representative of a member	-	Printed or typ	sed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and sons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, din writing of this change.	agree to act in ele performanc ided for in Cha . I hereby confi	this capacity. I furth e of my duties, and i pter 605, F.S. Or, it rm that the limited li	ner agree to comply with the am familiar with and accept this document is being filed ability company has been		
Summer	Kathy, Butler or of Registered Agent					
Signatu	ne or wespected whent					

Division of Corporations P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00