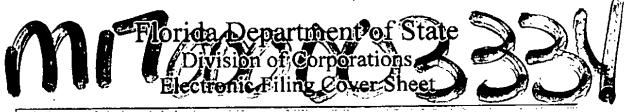
10/24/2019

**Division of Corporations** 



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.

(((H19000315505 3)))



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

: URS AGENTS LLC

Account Number : I20150000127

: (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: tax@mooreaps.com

## LLC REGISTERED AGENT CHANGE MAPS SECURITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX OCT 2 5 2018

## (((H19000315505 3)))

## COVER LETTER

PO: Registration Section Division of Corporations	
MAPS SECURITY, LLC	
Name of L	imited Liability Company
Dear Sir or Madain:	
The enclosed Registered Agent/Registered Office Ch	ange and fec(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Adrienne Wilson	
Name of Person	
MAPS SECURITY, LLC	
Firm/Company	<del></del>
111 W. Washington Street, Suite 400	
Address	
Louisville, KY 40202	
City/State and Zip Code	
tax@mooreaps.com	
E-mail address: (to be used for fliture annual r	
For further information concerning this matter, plea	se call:
Kathy Clark	800 567-4397
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	
2 \$25 Filing Fee	\$55 Filing Fee & Cartified Copy
NHS18 (2/14)	

(((H19000315505 3)))

(((H19000315505 3)))

## 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) _		(b)	Mailing address of limited liability company:	
., -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	111 W. Washington Street, Suite 400	1	11 W. Washington Street, Sulte 400	
	LOUISVILLE, KY 40202	LOUISVILLE, KY 40202		
	04/18/2017	M <sup>*</sup>	17000003334	
	Date of filling/registration in Florida	<del>-</del> 4	Document number	
(a)	Registered Agent and Registered Office shows on the records	of the Florida De	opt of State:	
	URS Agents			
	Registered Office Address MUST BE FLORIDA STREE	TADDRESS)	<del></del>	
	13354 GANDIA ST.	_		
	SPRING HILL	FL 34609	208	
(b)	Enter name of NEW Registered Agent and/or NEW Register			
(-)	Enter name of NEW Registered Agent and/or NEW Registe	red Office addr		
	URS AGENTS, LLC			
	NEW Registered Office Address:			
	3458 LAKESHORE DRIVE			
	TALLAHASSEE	FL_32312		
the			tate of Florida, it is hereby confirmed that after	
• ∼h	lange of changes are made, the Florida substaction	2,01 (110 120.	the change is	
ent 13/ W	will be identical. Or, in the case of a Florida limited yere authorized by an affirmative vote of the member of th	rs of the limit	ed liability company or as otherwise provided	
е ал	vere authorized by an arritmative vote of the inclined ticles of organization or the operating agreement of	Ofe Maired m	Adrianne Wilson	
0:44	nature of a member or authorized representative of a member	:	Printed or typed name of signer	
Sign Lan	nature of a member or authorized representative of a member of authorized representative of a member of authorized registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as provingly reflect a change in the registered office addressing in writing of this change.	agree iq aci	in this capacity. I further agree to comply with	
ovi	sions of all statutes relative to the proper and complete the proper and complete the property of my position as registered agent as proving the property of t	lete perjorma vided for in C	hapter 605 F.S. Or, if this document is being the first for the limited Hability company has been	
لمنسا	well reflect a change in the registered office address	s, I hereby co	njum inui ine iimusu naomiy oompany naa	
e ol	ed in writing of this change.  Kathy Clark, Assistant Se			

FILING FEE: \$25.00