

M17000009010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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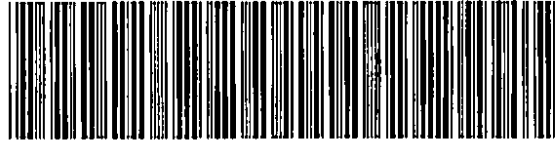
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA

68/26/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVERANCE SECURITY SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM HARRY

Name of Person

SEVERANCE SECURITY SERVICES, LLC

Firm/Company

3757 GULF SHORES PARKWAY

Address

GULF SHORES, ALABAMA 36542

City/State and Zip Code

TIM@SEVERANCESECURITY.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY HARRY

at (251)

747-5080

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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: SEVERANCE SECURITY SERVICES, LLC

2. (a) 3757 GULF SHORES PKWY GULF SHORES, AL 36542 (b) 3757 GULF SHORES PKWY GULF SHORES, AL 36542

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

10/23/2017

M17000009010

3. Date of filing/registration in Florida

4. Document number

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

LOUIS A MAYGARDEN III

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2226 PALAFOX PLACE, NINTH FLOOR

PENSACOLA, FL 32502

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

JASON DOUGLAS COLLINS

NEW Registered Office Address:

12700 SW 71ST TERRACE

MIAMI, FL 33183

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

TIMOTHY HARRY

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.

[Signature]
Signature of Registered Agent

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