

MI 9 000008150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

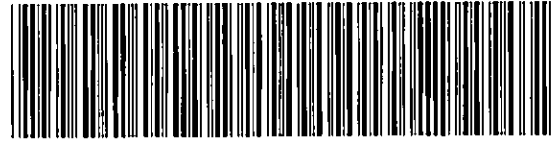
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL



John W. Clark IV *

The Landmark Center, Suite 600
2100 First Avenue North
Birmingham, Alabama 35203
(205) 506-0075
jclark@clarklawfirm.com
www.clarklawfirm.com

* Licensed in Alabama, Florida & Mississippi

January 23, 2023

Florida Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: Change of Registered Agent for SkyAlert Security Solutions, LLC

Dear Sir or Madam:

Enclosed please find the materials required for the appointment of a new registered agent for SkyAlert Security Solutions, LLC as well as firm check #1238 in the amount of \$25.00.

If there is any additional information needed or which I may provide, please call me at 205-506-0075 or email at jclark@clarklawfirm.com. Thank you for your assistance.

Yours very truly,

John W. Clark IV

Enclosures (2)

cc: David Howton (via e-mail)
Russell Stone (via e-mail)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SkyAlert Security Solutions, 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:

John W. Clark IV

Name of Person

Clark Law Firm

Firm/Company

2100 First Avenue North, Suite 600

Address

Birmingham, Alabama 35203

City/State and Zip Code

jclark@clarklawfirm.com

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

For further information concerning this matter, please call:

John W. Clark IV

205 506-0075
at ()

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: SkyAlert Security Solutions, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

8/19/19 M19000008150

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

Brad Bryant

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11230 Ranch Creek Terrace, Unit #102

Bradenton, FL 34211

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

David Howton

NEW Registered Office Address:

307 Magnolia Bay Drive

Eastpoint, FL 32328

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 of a member or authorized representative of a member

John W. Clark IV

Printed or typed name of signer

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 of Registered Agent

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

FILED
2019 JAN 30 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL