## M19000009035

(Re	equestor's Name)				
(Ad	ddress)				
(Ac	ddress)	<del> </del>			
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

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621 APP. 29 AH 9: 13

O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

...

ACCOUNT NO. : I2000000195					
REFERENCE : 784156 7387521					
AUTHORIZATION Spells of					
COST LIMIT : \$ 25.00					
ORDER DATE : April 27, 2021					
ORDER TIME : 12:01 PM					
ORDER NO. : 784156-015					
CUSTOMER NO: 7387521					
CHANGE OF AGENT					
NAME: AMERICAN FIRE ALARM, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

## COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	American Fire Alarm, LLC						
		Name of Limited Liability Company					
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered	Office Change and	f fee(s) are submitted for filing.				
Please re	turn all correspondence concerning	g this matter to the	following:				
Stephen	Minardi						
	Name of Person						
Americar	n Fire Alarm, LLC						
	Firm/Company		<del></del>				
5525 Eas	st Cliff Industrial Loop						
	Address		<del></del>				
Birmingh	am, AL 35210						
	City/State and Zip Coc	le	<del></del>				
sminardi	@chacompanies.com						
E-m	nail address: (to be used for future	annual report notif	lication)				
For furthe	er information concerning this mat	ter, please call:					
Michael /	A. Platt	518 at (	453-4500				
	Name of Person		Area Code & Daytime Telephone Number				
R E P	Aailing Address: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the follow	ing amount:					
1	\$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy				
INHS18 (2	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. N	ame of the limited liability company:  American Fire	Alarm, LL(	)			
()	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)	(*	, <u> </u>	dailing address of limi (Note: MAY BE PO	ited liabilit	y company:
	5525 East Cliff Industrial Loop		III Winners	s Circle		
	Birmingham, AL 35210		Albany, N	Y 12205		·
	09/09/2019		M19000009	9035		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	INCorp Services Inc					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	::		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS,				
	17888 67th Court North				•	202
	Loxahatchee F	L_33470		•		2221 APR
41.						29
(b)	Enter name of NEW Registered Agent and/or NEW Registere		ress:		•	<b>≅</b> .
	Corporation Service Company				•	9: -3
	NEW Registered Office Address:			•	·	-
	1201 Hays Street		<del></del>			
	Tallahassee F	L_32301				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leare authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered iability cort of the limited list	f office and npany, it is ted liability	the business offic hereby confirmed company or as oth pany.	e of the that the	registered change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee	
поине	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address. It is my interest that the second of this change.	ree to act to performa ed for in Ci hereby coi	n this capa ace of my d apter 605, afirm that th	city. I further agre uties, and I am fan F.S. Or, if this do he limited liability	ee to con niliar wit ocument i compan	nply with the th and accept is being filed v has been
	re of Registered Agent					