

MZI 0000 131 91

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

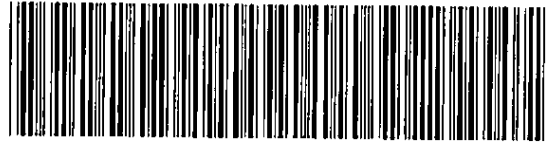
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700419585657

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2024 JAN 10 PM 1:59

2024 JAN 10 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/10/24
Order #: 1385700-3
Re: Monitoring Associates, LLC
Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed-please-find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195 Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

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SECRETARY OF STATE
TALLAHASSEE, FL

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: MONITORING ASSOCIATES, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address of limited liability company:

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

7901 4th St N STE 300

St. Petersburg, FL 33702

10/06/2021

M21000013191

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:~~

Registered Agents Inc

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7901 4th St N STE 300

St. Petersburg, FL 33702

(b) _____

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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2024 JAN 10 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

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.

/s/ Robert Brouwer

Robert Brouwer

Signature of a member or authorized representative of a member

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.

Michael C. Kirby
Signature of Registered Agent