Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Address:				
į	\ddress:	lddress:	lddress :	Nddress:

LLC REGISTERED AGENT CHANGE ACCESS CONTROL SYSTEMS OF TENNESSEE, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the following statement in order to che	or 605.0116, Florida Statutes, the undersigned limited liability company mge its registered office or registered agent, or both, in the State of
I. Name of the Limited Liability Company:	CESS CONTROL SYSTEMS OF TENNESSEE, LLC
2. (a) 7336 Cockrill Bend Blvd	(b) 201 E 4TH STREET
Principal office address of limited liability (Note: MUST RE STREET ADDR)	company: Mailing address of limited liability company:
NASHVILLE, TN 37209	CINCINNATI, OH 45202
12/29/2021	M2200000049
3. Date of filing/registration in Flor	ida 4. Document number
5. (a) CORPORATION SERVICE COM Registered Agent and Registered Office shown on 1201 HAYS STREET Registered Office Address (MUST BE FLORIC	the records of the Florida Dept: of State:
TALLAHASSEE	
(b) Capitol Corporate Services, Inc.	
Enter mane of NEW Restetered Agent and/or NE	W Revisional Office selfron
515 East Park Avenue 2nd Fl	
NEW Registered Office Arkhons:	က်
	<u></u>
Tallahassee	,FL_32301
the change or changes are made, the Florida street	under the laws of the State of Florida, it is hereby confirmed that after et address of the registered office and the business office of the registered da limited liability company, it is hereby confirmed that the change(s) e members of the limited liability company or as otherwise provided in ement of the limited liability company. Bruce Herman, CFO
Signature of a member or authorized representative of a	
I hereby accept the appointment as registered a provisions of all statules relative to the proper a the obligations of my position as registered agar to merely reflect a change in the registered offic notified in writing of this change.	gent and agree to act in this capacity. I further agree to comply with the ad cample is performance of my duties, and I am familiar with and accept as provided for in Chapter 605, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability company has been
Signature of Registered Agent	Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.
	•
Division of Corporat	ionse P.O. Box 6327e Tallahassee, FL 32314 FILING FEE: \$25.00

INK\$18 (2/14)