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Division of Corporations

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Division of Corporations

From:

Phone : (614)280-3338

Fax Number : (850)617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA000300023 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE

EXFEGRATED SECURITY & COMMUNICATIONS OF NEW JERSEY

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Help

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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.

i. Na	me of the limited liability company: Integrated Securi	ty & Con	municati	ions of New Jers	ey, LLC			
2. (a)	102B Rike Drive		(b) 102B Rike Drive					
z. var	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Millestone, NJ 08535					
	Millestone, NJ 08535							
	12/18/2023		M23000	0015749				
3.	Date of filing/registration in Florida	4.		Document	number			
5. (a)	CORPORATION SERVICE COMPANY							
(111)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept, or	State.	. 2			
	1201 HAYS STREET		.024 √17					
	Registered Office Address (MUST BE FLORIDA STREET		HAR I					
	TALLAHASSEE, FI	32301-2	525		2024 HAR - 7 AH 10: 40 SELINITATION SEE, FL			
(b)	C.1 Corporation System		NO. L					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registeres</u>	l Office no	ldress'					
	NEW Registered Office Address:							
	1200 South Pine Island Road							
	Planation , Ft	33324						
the changent v was/wo the arti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ICILY WRIGHT	f the reginability of the limited	stered o ompany, nited liab liability	ffice and the bi , it is hereby co bility company	usiness office of the registered infirmed that the change(s) or as otherwise provided in			
Signa	are of a member or authorized representative of a member			Printed or ty	sped name of signee			
provisi the obl to merc	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide its reflect a change in the registered office address. If in writing of this change. CT Corporation System	ree to ac perform ed for m hereby c	t in this sance of Chapter onfirm t	capacity. I fur my daties, and 605, F.S. Or, hat the limited	ther agree to comply with the I am familiar with and accep if this document is being filed hability company has been			