

M240000016537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

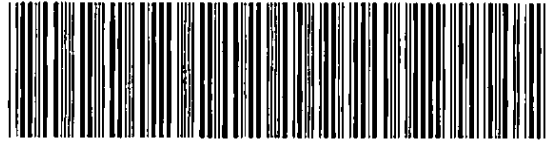
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 18 2024

Office Use Only



600430639776

2024 JUN 17 PM 9:44

FILED

2024 JUN 17 PM 1:48

RECEIVED

SEALANASSEL, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/17/2024

****WALK IN****

ENTITY NAME CAR ALARMS INTERNATIONAL LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

E R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAR ALARMS INTERNATIONAL LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad C

Name of Person

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

bcalix@harborcompliance.com

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

For further information concerning this matter, please call:

Brad C

at (717) 210-5263

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CAR ALARMS INTERNATIONAL LLC

Enter new principal office address, if applicable:

Unit 12 Canal Way Summerhouse Business Park

UB9 6TH

England

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Unit 12 Canal Way Summerhouse Business Park

UB9 6TH

England

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M24000006537

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/16/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Antonino Noto</u>	<u>Unit 12 Canal Way, Summerhouse Business Park</u>	<input checked="" type="checkbox"/> Add
		<u>UB9 6TH England</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Antony Noto</u>	<u>SUMMERHOUSE LANE UNIT 12</u>	<input type="checkbox"/> Add
		<u>UXBRIDGE, B90 1UD UK</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Ricky Sargusingh</u>	<u>Unit 12 Canal Way, Summerhouse Business Park</u>	<input checked="" type="checkbox"/> Add
		<u>UB9 6TH England</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Sarah Hayes</u>	<u>Unit 12 Canal Way, Summerhouse Business Park</u>	<input checked="" type="checkbox"/> Add
		<u>UB9 6TH England</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Antonino Noto
Signature of the authorized representative

Antonino Noto
Typed or printed name of signee

Filing Fee: \$25.00