

P03000 147935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

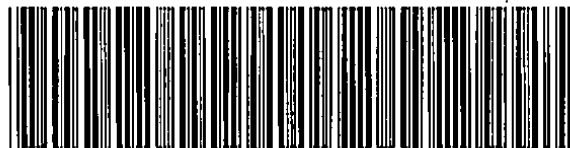
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE

COM  
6/10/20

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRITECH FIRE PROTECTION SYSTEMS INC  
Name of Corporation

DOCUMENT NUMBER: P03000147 935

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERIDITH LONER  
Name of Contact Person

TRITECH FIRE PROTECTION SYSTEMS INC  
Firm/Company

8100 CHAMBERLAIN DRIVE SUITE 165  
Address

ORLANDO, FLORIDA 32807  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) MERIDITH.C@FIREPROTECTION.COM

For further information concerning this matter, please call:

MERIDITH LONER at ( 407 ) 925-7858  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRITECH FAN PROTECTION SYSTEMS INC
2. The principal office address: 8100 CITRUSGLEN DRIVE SUITE 165  
ORLANDO, FL 32809
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/08/2003 Document number: 200483630
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROY A. ANTONSON  
4071 LB McLEOD RD  
SUITE D  
ORLANDO, FL 32811 (Resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MERIDITH LONSEN  
8100 CITRUSGLEN DR SUITE 165  
ORLANDO, FLORIDA 32809  
P.O. Box NOT acceptable

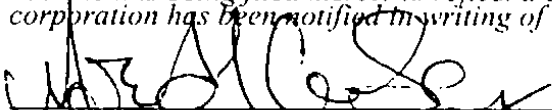
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

ROY ANTONSON President  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

5/15/2020  
Date

If signing on behalf of an entity:

MERIDITH LONSEN  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2020 MAY 20 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA