Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

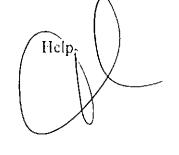
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REGISTERED AGENT CHANGE F.E. MORAN, INC. SPECIAL HAZARD SYSTEMS

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu



To:

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

| statement of cha | inge is submitted for a corporation o | 7,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida. | | | | | |
|---|--|---|--|--|--|--|--|
| 1. The name of t | the corporation: F.E. MORAN, INC. | SPECIAL HAZARD SYSTEMS | | | | | |
| | office address: 2265 Carlson Drive, 2 | | | | | | |
| 3. The mailing a | iddress (if different); | | | | | | |
| 4. Date of incorp | ooration/qualification: 04/25/1985 | Document number: P05793 | | | | | |
| 5. The name and | | red agent and registered office on file with the | | | | | |
| | LEGALINC CORPORATE SERVICES INC. | | | | | | |
| | 476 RIVERSIDE AVE. | | | | | | |
| | LEGALINC CORPORATE SERVICES INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 | | | | | | |
| 6. The name and (if changed): | I street address of the new registered | I agent (if changed) and /or registered office PH 72. | | | | | |
| | C T Corporation System | 25 | | | | | |
| | 1200 South Pine Island Road | | | | | | |
| | P.O. Box NOT acceptable Plantation, Florida 33324 | | | | | | |
| The street addre | ess of its registered office and the s be identical. | treet address of the business office of its registered agent, | | | | | |
| Such change wa authorized by th | is authorized by resolution duly ad- ne board, or the corporation has bee | opted by its board of directors or by an officer so in notified in writing of the change | | | | | |
| /s/ Kara Koros | ec | Kara Korosce, Secretary | | | | | |
| I hereby accept I further agree to of my duties, and document is being | to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha | Printed or typed name and title and agree to act in this capacity. I statutes relative to the proper and complete performance to obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the imge. | | | | | |
| Mick | le Holden | 8/9/2024 | | | | | |
| ` | half of an entity: | Date | | | | | |
| Michele Holden, | · | | | | | | |
| | ped or Printed Name | | | | | | |
| | * * * FILING | G 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)

Ву: