P13000073576

(Re	questor's Name)	
(Ad	dress)	···
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
<u> </u>		





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09/18/20--01015--018 ++85.00

2020 SEP 18 PM 4: 34
SECRETARY OF STATE

JU 10/22/20



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tiffany Brown tiffany.brown@cscglobal.com

Date: September 16, 2020

Order#: 414271/001

Re: PULSAR ALARM SYSTEMS LIMITED, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Tiffany Brown

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	hange is submitted for a corpo	502, 617.0502, 607.1508. or 617.1508, Florida Statutes, this pration organized under the laws of the State of Florida fice or registered agent, or both, in the State of Florida.	
		LARM SYSTEMS LIMITED, INC.	
		DRIVE, UNIT 11, PLAISTOW, NH 03865	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 09/0	3/2013 Document number: P13000072576	
	nd street address of the curren artment of State: (If resigned,	it registered agent and registered office on file with the enter resigned)	
	COGENCY GLOBAL INC	:.	
	115 NORTH CALHOUN ST., SUITE 4		
	TALLAHASSEE	FL 32301	
6. The name as (if changed)		egistered agent (if changed) and /or registered office	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street add as changed wi	ress of its registered office a	nd the street address of the business office of its registered agent,	
Such change vauthorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
χ	ie E Coni	Jill Cilmi, Vice President	
I further agree of my duties, a document is be corporation he	the of an officer of director the appointment as registed to comply with the provision and I am familiar with and ac eing filed merely to reflect ac as been notified in writing of on Service Company	Printed or typed name and title red agent and agree to act in this capacity. res of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.	
	Ignature of Registered Agend	09/16/2020	
S	ignature of Registered Agent	Date	
If signing on b	pehalf of an entity:		
Grace E. Kirby	7, Asst. Vice President 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)