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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 12009000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:_

SECRETARY OF STATE TALLAHASSEE, FI

REGISTERED AGENT CHANGE PATRIOT ALARM SERVICES, INC.

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JAN - 7 2020

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

statement of cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State of registered agent, or both, in the State of	of Florida	_
1. The name of t	he corporation: Patriot Alarm Service	ces Inc.		
		E RD STE 500 ORLANDO. FL 32819	9	_
3. The mailing a	ddress (if different): 7380 W SAND	LAKE RD STE 500 ORLANDOFL 32819)	
4. Date of incorp	poration/qualification: 10/02/13	Document number: P1300	00081475	
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the	
	WHEELER, TODD			
	18245 PAULSON DR STE 1	127		
	PORT CHARLOTTE, FL 33954		_ s: 😝	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered gent LLC N NOT acceptable	2020 JAN - SECRETA TAGLA	COMPANY CONTRACT
	Northwest Registered A	gent LLC	-6 - RY (
	7901 4th St N STE 300		AM IO: 5 Of Stat See, Fl	O
	St. Petersburg FL 33702	NOT acceptable	58: 58: FL	
as changed will	be identical.	street address of the business office of		gent,
Such change wa authorized by th	is authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by a en notified in writing of the change.	an officer so	
Todd Wh	ellery	Todd Wheeler Printed or typed name and	l tule	_
I further agree . performance of	to comply with the provisions of all my duties, and I am familiar with	nt and agree to act in this capacity. I statutes relative to the proper and c and accept the obligation of my posit o reflect a change in the registered of fied in writing of this change.	ion as registered	1
lon	Glove	1-6-19		
•	nature of Registered Agent	Date		
2 2	half of an entity:			
Tom Glove	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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