P16000039063

| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VWFS PROTECTION SERVICES FL, INC.

Name of Corporation

DOCUMENT NUMBER: P16000039063

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:

Mark Chander

Name of Contact Person

Meenan P.A.

Firm/Company

P.O. Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

mark@meenanlawfirm.com

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

For further information concerning this matter, please call:

Mark Chandler

,850

425-4000

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: WFS PROTECTION SERVICES FL, INC. 2. The principal office address: 2200 FERDINAND PORSCHE DR HERNDON, VA 20171 3. The mailting address (if different): 4. Date of incorporation/qualification: 05/05/2016 | • | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of Florida | |
|--|--|---|---------------------------------------|
| 2. The principal office address; 2200 FERDINAND PORSCHE DR HERNDON, VA 20171 3. The mailing address (if different): 4. Date of incorporation/qualification: 05/05/2016 Document number: P16000039063 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) MEENAN P.A. 325 W COLLEGE AVE TALLAHASSEE, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Meenan P.A. 300 S. Duval Street, Ste. 410 PO Box NOT acceptable Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent. Such 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. Sugnature of an other or director Thereby accept the appointment as registered agent and agree to act in this capacity. If Juriher agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am junified in writing of this change. Thereby college in the appointment as been indiffed mereby to reflect a change in the registered office address, I hereby colling has the corporation has been notified in writing of this change. 7/17/1717 Sugnature of Registered Agent This signing on behalf of an entity: Mark Chandler | in orde | er to change its registered office or registered agent, or both, in the State of Florida. | |
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| If signing on behalf of an entity: Mark Chandler | // | 7/17/17 | |
| Mark Chandler | Sign | nature of Registered Agent Date | |
| | If signing on be | chalf of an entity: | |
| Typed or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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