## P17000040461

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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AUG 22 2017 ; I.JCHAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 14, 2017

Order#: 764062/001

Re: CENNOX COMPLETE SECURITY SERVICE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Ashley Seeman 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.



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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of FL
		registered agent, or both, in the State of Florida.
1. The name of t	he corporation: CENNOX COMPL	ETE SECURITY SERVICE, INC.
2. The principal	office address: 2601 NW 55TH C	T, FT LAUDERDALE, FL 33309
	·	
3. The mailing a	ddress (if different): 3010 SANTA	FE CT, MISSOULA, MT 59808
4. Date of incorp	poration/qualification: 05/03/2017	Document number: P17000040461
	I street address of the current registement of State: (If resigned, enter t	tered agent and registered office on file with the resigned)
	COGENCY GLOBAL INC.	×
	115 N. CALHOUN	FL 32301
	TALLAHASSEE	FL 32301
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office
	Corporation Service Company	21
	1201 Hays Street	
P.O. Box NOT acceptable		
	Tallahassee	FL 32301
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	0 0	dopted by its board of directors or by an officer so een notified in writing of the change.
	~	Jill Cilmi, Vice President
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of a my duties, and I am familiar with	Printed of typed name and title  ent and agree to act in this capacity.  Il statutes relative to the proper and complete and accept the obligation of my position as registered  to reflect a change in the registered office address, I  ified in writing of this change.
By: I Inc	co Cokuble	08/11/2017
Sign	nature of Registered Agent	Date
If signing on bel	half of an entity:	
	Assistant Vice President	
Ty	ped or Printed Name	

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