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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)385-0178 Fax Number : (214)317-4754

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

Email Address:

REGISTERED AGENT CHANGE LOCKSMITH SECURITY HARDWARE INC

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To: 18506176380 From: 14693173436 Date: 11/08/19 Time: 1:39 PM Page: 02/02 (((H190003304913)))

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

Pursuant to the provisions of sections 607,0502, 617,05 statement of change is submitted for a corporation orgu in order to change its registered office or regis	nized under the laws of the State of FL	
1. The name of the corporation: Locksmith Securi	ty Hardware Inc	
2. The principal office address: 3322 CONCERT LN MARGATE, FL 33063		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04/06/2018	Document number: P18000032872	
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign		
REGISTERED AGENTS INC	D	
7901 4TH STREET NORTH	SUITE 300	
ST.PETERSBURG, FL 3370	•	
6. The name and street address of the new registered age (if changed): LEGALINC CORPORATE S		
5237 SUMMERLIN COMMO	JNS BLVD, SUITE 400	
FORT MYERS, FL, 33907		
The street address of its registered office and the street as changed will be identical.	t address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no		
Patrick Cullins	Patrick Cullins- President	
Signature of an officer of director I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to ref hereby confirm that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address. I	
Maney Juna,	11/8/2019	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Nancy Luna Typed or Printed Name	(((H19000330491 3)))	

^ ^ ^ FILING FEE: \$35.00 ^ ^ ^