that my name appears above, or on an attachment with all other like empowered.

AMBR

SIGNATURE: HOSIE LOWERY

Electronic Signature of Signing Authorized Person(s) Detail

1310 SANDY JEAN COURT APOPKA, FL 32703 **Current Mailing Address:**

Current Principal Place of Business:

P.O. BOX 585262 ORLANDO, FL 32858 US

DOCUMENT# L19000301335

FEI Number: 85-4386609

Name and Address of Current Registered Agent:

LOWERY, HOSIE 1310 SANDY JEAN COURT APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOSIE LOWERY

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SAFEGUARD PROTECTIVE SECURITY AGENCY, LLC.

Authorized Person(s) Detail :

Title AMBR Name LOWERY, HOSIE AMBR Address 1310 SANDY JEAN COURT City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 01/29/2024

Certificate of Status Desired: No

01/29/2024 Date

FILED Jan 29, 2024 Secretary of State 0479011856CC

Date