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

SIGNATURE: LOWERY, HOSIE

Electronic Signature of Signing Authorized Person(s) Detail

P.O. BOX 585262

FEI Number: 85-4386609

Name and Address of Current Registered Agent:

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

Authorized Person(s) Detail :

Title AMBR Name LOWERY, HOSIE 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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000301335

Entity Name: SAFEGUARD PROTECTIVE SECURITY AGENCY, LLC.

Current Principal Place of Business:

1310 SANDY JEAN COURT APOPKA, FL 32703

Current Mailing Address:

ORLANDO, FL 32858 US

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

Certificate of Status Desired: No

02/11/2023

Date

02/11/2023

Date

FILED Feb 11, 2023 Secretary of State 8108577550CC

AMBR