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(Reque	estor's Name)				
(Addre	255)				
(Addre	ess)				
(City/S	State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Busin	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
J. HORNE APR 16 2024					

Office Use Only



O WILLHASSEE, LORIDA (D) 2024 APR 15 PM 3: 44 RECEIVED

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 04/15/24 Order #: 1484718-1

Re: CONSOLIDATED SMART SYSTEMS, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Checkin the amount of: \$25: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. Na	ame of the limited liability company: CONSOLIDATE	ED SMA	RT SYSTE	EMS, LLC	
2. (a)		1	(b)		
()	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	620 W. 135TH ST. GARADENA, CA 90248		620 W.	135TH ST. GARADENA, CA 90248	
	12/04/2023		M230000	015213	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
()	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	tate:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>		
	1200 SOUTH PINE ISLAND ROAD		_	2	
	PLANTATION	33324		FIL 1024 APR 15	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:		
	Corporation Service Company				
	NEW Registered Office Address:			26. 7	
	1201 Hays Street				
	Tallahassee , FI	32301			
	imited liability company is not organized under the la				
agent v was/we	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	ability of the li	ompany, it mited liabili	t is hereby confirmed that the change(s) lity company or as otherwise provided in	
/s/ D	arren Rish	Da	rren Rish	•	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to ac perform d for in hereby c	ct in this cap nance of my Chapter 60 confirm that	spacity. I further agree to comply with the v duties, and I am familiar with and acce 05, F.S. Or, if this document is being filed ut the limited liability company has been	
Signatu	re of Registered Agent				