

F22000003425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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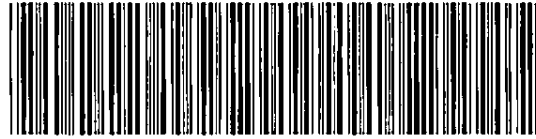
(Business Entity Name)

(Document Number)

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DEC 21 2022



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/20/2022

Name: Janelle Davis

Reference #: 1863999

Entity Name: SECURCOM INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: Janelle Davis



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

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Signature: Janelle Davis

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SecurCom Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F22000003425

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Novak

Name of Contact Person

SecurCom Inc.

Firm/Company

Floor 33, 11 Princess Grace Ave.

Address

Monte Carlo, Monaco 90000

City/State and Zip Code

jdonovan@PierceAtwood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Selena Moore, Paralegal, Pierce Atwood LLP at (603) 373-2009  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the ~~State of~~ Republic of the Marshall Islands in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SecurCom Inc.

2. The principal office address: Floor 33, 11 Princess Grace Avenue, Monte Carlo, Monaco 90000

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/02/2022 Document number: F22000003425

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wendy Swanson  
146 Aragon Way, Suite 101  
Jupiter, FL 33458

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cogency Global Inc.  
115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ John Novak  
Signature of an officer or director

John Novak, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Colleen Humes  
Signature of Registered Agent

12/20/2022  
Date

If signing on behalf of an entity:

Colleen Humes, Assistant Secretary  
Typed or Printed Name

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