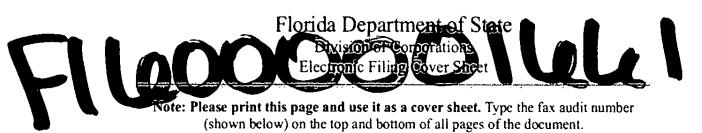
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

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Email Address:__

REGISTERED AGENT CHANGE ASSURED INFORMATION SECURITY, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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MAR'2 3 2000

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Assured Information Security, Inc.

Name of Corporation

OCUMENT NUMBER: F16000001661

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:

Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	_
1701 Directors Blvd. Suite 300	
Address	_
Austin, Texas 78744	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notifica	ation)
For further information concerning this matter, please call:	
Mary Castillo	8 ,705-7274
Name of Contact Person Ar	ea 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

CR2E045 (04/13)

15129570210

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation to change its registered office on	n organized w	nder the la	ws of the State o	f New	York	
2. The principal	he corporation: Assured In office address: 153 BROO NY 13441-4023		n Sec	urity, Inc.			
	ddress (if different):	40	···	F10	0000	0100:	
4. Date of incorp	poration/qualification: 4/8/20	16	Document	number: F10	UUUUI	ססונ	<u> </u>
	street address of the current regis tment of State: (If resigned, enter	_	nd register	ed office on file	with the		
· /01124 2 4pm	CT CORPORAT		/STE	М		SE	2020
1200 SOUTH PINE ISLAND ROAD						L AH.	2020 MAR 20
	PLANTATION		FL	33324	<u> </u>	ASSEE	
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): Registered Agent Solutions, Inc.					office	STATE FLORID!	AM 8: 43
	155 Office Plaza		Suite A				
	Tallahassee	P.O. Box NOT a	3230	01			
	ss of its registered office and the be identical.						ent,
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has b	adopted by its seen notified i	board of a	directors or by a of the change.	in officer	r so	
1st Philippe	Content	P <u>hil</u>	ippe C	ontent		Financia	l Officer
I hereby accept I further agree t of my duties, an	the appointment as registered as o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	all statuteš re the oblivation	e to act in lative to the of my pos	he proper and co sition as register	omplete j red aven	t. Or. it	thus
Hode	anziett	03	/19/20	20			
Sign	utific of Registered Agent			Date	·		
If signing on bel	half of an entity:						
	Assistant Secretary	_					
I)	ped or Printed Name	NC PRE. CH	: AA + + +				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)