Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

Fax Number : (214)317-4754

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

Email Address:

REGISTERED AGENT CHANGE NCC GROUP SECURITY SERVICES, INC

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Corporate Filing Menu

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CR2E045 (04/13)

Date: 12/17/21 Time: 2:02 AM Page: 02/02

(((H21000458826 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Flori organized under the laws of the State registered agent, or both, in the State o	of
1. The name of	the corporation: NCC Group Securit	y Services, Inc	
2. The principa	l office address: St. Ste 2950, San Francisco, California		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07-11-2016	Document number: F1600	00003060
	nd street address of the current register artment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	CT CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD		_
	PLANTATION, FL 33324		
6. The name an (if changed):	_	d agent (if changed) and /or registered	office
	LEGALINC CORPORATE SERVI	CES INC.	
	5237 SUMMERLIN COMMONS B	LVD, SUITE 400	
		O Box NOT acceptable	
	FORT MYERS, FL. US. 33907		
The street addrass changed wil	ress of its registered office and the s ll be identical.	street address of the business office of	of its registered agent,
_		dopted by its board of directors or by en notified in writing of the change.	
	Nick Rows	Nick Rowe, Director	
		Printed or typed name as	nd title
l further agrée of my duties, a document is be	to comply with the provisions of all and lacept the	ent and agree to act in this capacity. Il statutes relative to the proper and a se obligation of my position as regista in the registered office address, I he sange.	ered agent. Or. if this
(\mathcal{M}_{α}	12/15/2021	W _F S &
- Sr	gnature of Registered Agent	Date	
lf signing on b	chalf of an entity:		## C -
ANNA MANU	KYAN		7 8 SEE
•	Typed or Printed Name		
		G FEE: \$35.00 * * *	9: 2: STATE LORIE
N CR2PO45 (04/13)	IAIL TO: DIVISION OF CORPORATIO	o Florida Department of State ns, P.O. Box 6327, Tallahassee, I	FL 32314