F16 00000 5093

<u> </u>			
(Requestor's Name)			
(Address)			
(Address)	_		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Linky Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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2021 MAR 16 AM 9: 43
SECRETARY OF STATE

Reg Agent CHIVE Agent

Chalai



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 14, 2021

Order#: 761654-009

Re: ECOPLEXUS INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this attion organized under the laws of the State of DE see or registered agent, or both, in the State of Florida.
-	the corporation: ECOPLEXUS	
	•	
	t., Ste. 1250, SAN FRANCISC	
3. The mailing	address (if different):	
		2016 Document number: F16000005083
5. The name an		registered agent and registered office on file with the
	UNITED STATES CORPOR	RATION AGENTS, INC.
	13302 WINDING OAK CT,	STE A
	TAMPA, FL 33612	
6. The name an (if changed):	_	istered agent (if changed) and /or registered office
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the business office of its registered agent.
Such change wanthorized by t	as authorized by resolution du the board, or the corporation h	ally adopted by its board of directors or by an officer so as been notified in writing of the change.
	Lie E. Ciencie	Jill Cilmi, Vice President
Signati	ure of an officer or director	Printed or typed name and title
I further agrée of my duties, a document is be corporation ha	t the appointment as registered to comply with the provisions and I am familiar with and acceing filed merely to reflect a chis been notified in writing of the Service Company	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this lange in the registered office address, I hereby confirm that the his change.
By: 🏡	one C-Kinbly gnature of Registered Agent	04/14/2021
Sı	gnature of Registèred Agent	Date
If signing on b	ehalf of an entity:	
	Asst. Vice President	
	Typed or Printed Name	
	* * * F	ILING 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)