CSC TRANS01





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of C	orporations		
		: (850)617-6380		
From:				
1100	Account Name	: CORPORATION SERVICE	COMPANY	
	Account Numbe	r : I2000000195		
	Phone	: (850)521-0821		
	Fax Number	: (850)558-1515		
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CSC TRANS01

COVER LETTER

H20000181501 3

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER:

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

 at (_____)

 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

CR0E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENLOR 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 Delaware ____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DUO SECURITY, INC.

2. The principal office address: 170 W. Tasman Drive, San Jose, CA 95134

The mailing address (if different): _____

- Document number: F1800000437 4. Date of incorporation/qualification: 01/26/2018
- 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)

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

	1200 SOUTH PINE ISLAND ROAD			_	2020
		FL.	33324	•	20 JU
	e and street address of the new registered	1 agent (if changed) and	I /or registered of	ffice	<u>با</u> با
(if chang					Þ.

:d):			-	
	Corporation Service Company			
				بې
	1201 Hays Street	_		08
	P.O	Box NOT acceptable		
	Tallahassee	FI	32301	

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. - \

mathered	Mark Gorman	President	
Signature of an officer or director	Printed or typed name and title		
1 hereby accept the appointment as registered ag I further agree to comply with the provisions of a of my duties, and I am familiar with and accept to document is being filed merely to reflect a chang corporation has been notified in writing of this co Corporation Service Company	ent and agree to act in this capa ill statutes relative to the proper he obligation of my position as i e in the registered office addres. hange.	icity. and complete performance egistered agent. Or, if this s, I hereby confirm that the	
By: Preside & Pleasant	06/15/20		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Amanda Robinson, Asst. Vice President			
Typed or Printed Name			
* * * FILI	NG FEE: \$35.00 * * *		