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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 : (888)706-7274 Fax Number

S TALLENT

OCT 1 6 2018

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 RED CANARY, INC.

Certificate of Status	0		
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Help

176380 pg 2 of 4

H18000298135 3

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RED CANARY, INC.

Name of Corporation

DOCUMENT NUMBER: F18000001073

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, Ste 300
Address
Austin, TX 78744
City/State and Zip Code
notices@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888 705-7274

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H180002981353

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

→ 18506176380

statement of cha	provisions of sections 607 inge is submitted for a coi r to change its registered	poration organi	ized under the laws o	of the State of DE	LAWARE	
1. The name of t	he corporation: RED	CANARY,	INC.			
2. The principal DENVE	office address: 1515	WYNKOC CO	P ST, STE 3 80202	390		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 0	3/05/2018	Document nur	_{iber:} F18000	001073	
	I street address of the curr tment of State: (If resigns			ffice on file with	the	
	C T CORPORA	ATION SY	'STEM			
	1200 SOUTH	PINE ISLA	AND ROAD		180	
	PLANTATION.	FL 33324	ļ			F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						LED
	Registered Agent	Solutions, I	nc.		PH 12: 51	
	155 Office Plaza I				*.	
	Tallahassee, FL 3	P.O. Box NOT. 32301	ecceptable			
The street address changed will	ss of its registered office be identical.	and the street a	ddress of the busine	ss office of its re	gistered agent,	
Such change wa authorized by th	is authorized by resolution to board, or the corporati	on duly adopted on has been not	by its board of directified in writing of th	ctors or by an offi e change.	icer so	
Simula	re of an officer or director	<u>_</u>	Chris Zook	(typed name and title	CFO	
I hereby accept I further agree i performance of agent. Or, if the	the appointment as regis to comply with the provis my duties, and I am fam is document is being filed that the corporation has	ions of all statu iliar with and ad I merely to refle	l agree to act in this tes relative to the pr cept the obligation of ct a change in the re	capacity. coper and comple of my position as egistered office a	registered	
6:_			10/15/2018	Data		
-	harf of Argistered Agent harf of an entity:			Date		
Justine Karr	ell - Assistant Sec	cretary				
T	pped or Printed Name					