## 9000004183 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Number : I20090000081

Phone : (307)200-2803

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## REGISTERED AGENT CHANGE ENSURITY MOBILE CORP.

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

statement of cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of registered agent, or both, in the State of Flor		
	the corporation: Ensurity Mobile Co			
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 09/11/2019 Document number: F19000004183				
5. The name and		ered agent and registered office on file with		
	HARRIS, RYAN			
	105 S NARCISSUS AVE SUITE 503			
	WEST PALM BEACH, FL 33401	,	v Se	
6. The name and (if changed):	I street address of the new registere Registered Agents Inc.	d agent (if changed) and /or registered office		2021 OCT -
	7901 4th St N STE 300	·		ν. Σ
P.O. Box NOT acceptable  St. Petersburg, FL 33702			:3€ 00	
	St. Petersburg, FL 33702		7.10 7.10 7.10 7.10	37
The street address changed will	ess of its registered office and the beidentical.	street address of the business office of its re	egistered	agent.
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an offen notified in writing of the change.	ficer so	
Ry	an Harris	Ryan Harris, President		
I further agree : of my duties, an document is bei	to comply with the provisions of a	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and complete obligation of my position as registered a e in the registered office address. I hereby thange.	ete perfor gent. Or confirm th	mance if this iat the
Bu	Have	9/23/2021		
Sig	nature of Registered Agent	Date		<del></del>
If signing on be	half of an entity:			
Bill Havre-Assis	tant Secretary			
T	yped or Printed Name			

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