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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*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 ECAMSECURE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Help

STATEMENT OF CHANGE OF REGISTERED	OFFICE O	R REGISTERED	AGENT O	IR BOTH
FOR CORPORATIONS				

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 ange is submitted for a corporation organized under er to change its registered office or registered agent	the laws of the State of California
	the corporation: ECAMSECURE, INC.	
2. The principal	office address: 3400 E AIRPORT WAY LONG BEA	CH, CA 90806
3. The mailing a	address (if different): 1699 S Hanley Rd. Ste 350 Sain	nt Louis, MO 63144
4. Date of incorp	rporation/qualification: 09/24/2019 Doc	niment number: F1900004346
5. The name and	d street address of the current registered agent and r rriment of State: (If resigned, enter resigned)	
	API Processing - Licensing	
	3419 Galt Ocean Drive Suite A	
	Pt. Lauderdale, Florida 33308	
6. The name and (if changed):	d street address of the new registered agent (if chan	ged) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	
	P.O Box NOT accept	abie
	Plantation, Florida 33324	
The street address changed will	ress of its registered office and the street address of its registered office and the street address of	f the business office of its registered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its be the board, or the corporation has been notified in v	ard of directors or by an officer so writing of the change.
Kerc	Land Rene C	rosswhite - Assistant Secretary / Assistant Tre
C I Corporation		o act in this capacity. ive to the proper and complete performanc my position as registered agent. Or, if thi ed office address, I hereby confirm that the
1errie Sig	gnature of Registered Agent	10/12/2020 Date
If signing on be	ehalf of an entity:	
	Terrie Bates, Assistant Secreta	ry
r	Typed or Printed Name	
	* * * FILING FEE: \$35.0	y * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: