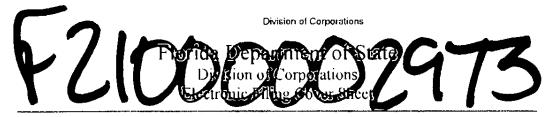
8/3/2021



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.

(((H21000294146 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

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.

Fmail Address.		
	Email	Addrace

REGISTERED AGENT CHANGE ZECO SYSTEMS, INC.

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

AUG 4 2021

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 3

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the State of Delawa	ıc
1. The name of t	he corporation: ZECO SYSTEMS, INC.		
2. The principal LOS ANGELES.	office address: 767 SOUTH ALAMEDA S	T STE 200	
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification: 06/02/2021	Document number: F21000002973	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		
	ERESIDENTAGENT INC		
	801 US HWY I		· 2
	NORTH PALM BCH, FL 33408		2021 AUG
6. The name and (ifchanged):	d street address of the new registered agen	t (if changed) and /or registered office	
	C T Corporation System		TO.
	1200 South Pine Island Road	9: 35 9: 35	
	P.O. Box Plantation, Florida 33324	NOT acceptable	- <u>-</u> -
The street addre	ess of its registered office and the street a be identical.	iddress of the business office of its regis	tered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	r so
Sierr	ra Hickman	Sierra Hickman, Secretary	
I hereby accept I further agree to of my duties, an document is held corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblis ng filed merely to reflect a change in the been notified in writing of this change.	Printed or typed name and life I agree to act in this capacity tes relative to the proper and complete gation of my position as registered agen registered office address. I hereby conj	performance 1. Or, if this firm that the
C T Corporation	System	7/30/2021	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Terrie Bates			
ſy	sped or Printed Name		
	* * * FILING FEI	E: \$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)

By: