JO6750

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (2-2 |
| (Document Number) |
| (Social National) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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AUG 3 0 2017 S. YOUNG TILED
SECRETARY OF STATES
TALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Electronic Control Services Corporation Name of Corporation |
| DOCUMENT NUMBER: J06750 |
| 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: |
| |
| Patricia D. ZINK Name of Contact Person |
| Electronie Control Services Comp |
| 10721 Kin Lane |
| Hudson, 71 34669 City/State and Zip Code |
| patzink 2017@gmail,com |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Patricia Zink at (727) 856-4913 Name of Contact Person Area Code & Daytime Telephone Number |
| 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 Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

TO: Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Electronic Control Services Corporation |
| 2. The principal office address: 10721 Kim Cane |
| Hudson, 71 34669 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 3/31/1986 Document number: 506750 |
| 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) |
| Patricia Seborowski |
| 10721 Kim Cane |
| Hudson, FL 34669 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Patricia ZINK |
| 10721 Kim Lane P.O. Box NOT acceptable |
| Hudson 71 34669 |
| The street address of its registered office and the street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business office of its registered agent, The street address of the business of the bus |
| Such change was authorized by resolution duly adopted by its board of directors or by an office so authorized by the board, or the corporation has been notified in writing of the change. |
| Patricia Zink DPST Signature of an officer or director Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent 8-22-17 Date |
| If signing on behalf of an entity: |
| Patricia Zink Typed or Printed Name |

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