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Account Number : FCA000000023 Phone : (614)280-3338

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REGISTERED AGENT CHANGE E-COMP WITNESS, INC.

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Help

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

statement of change is	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508, submitted for a corporation organized under the laws of the hunge its registered office or registered agent, or both, in the	State of Florida
1. The name of the cos	rporation: E-COMP WITNESS, INC.	
	address: 301 W. Platt Street, Suite 365, Tampa FL 33606	
3. The mailing address	s (if different):	
4. Date of incorporation	on/qualification: 12/26/2001 Document number:	P01000121116
	t address of the current registered agent and registered office of State: (If resigned, enterresigned)	on file with the
ZATI	KOVICII. IVAN	
301 V	N. PLATT STREET, 4370	2ti
TAM	PA, FL 33606	••
6. The name and street (ifchanged):	t address of the new registered agent (if changed) and /or regi	stered office
C T	Corporation System	
1200	South Pinc Island Road	······································
Planta	P.O. Box NO Facceptable ation, Florida 33324	
The street address of i	its registered office and the street address of the business of	ffice of its registered agent.
Such change was auth authorized by the boyn	torized by resolution duly adopted by its board of directors rd, or the corporation has been notified in writing of the ch	or by an officer so ange.
192	ivan Zatkovich Owner Printed or typed	
I hereby accept the ap I further agree to com of my duties, and I am document is being file	oppintment as registered agent and agree to act in this cape ply with the provisions of all statutes relative to the proper if familier with and accept the obligation of my position as to differ and accept the obligation of my position as to differ a change in the registered office address notified by writing of this change.	acity. - and complete performance
	1) au 1000 08/21/2024	
Signature of	Kaity Toon, Asst. Secretary fan entity:	e
Sit	Eric Mcconahay, Asst. Seco	retary
	* * * FILING FEE: \$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: