P0500059008

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE DIVISION OF CHAPPER ATTOMS

COVER LETTER

Division of Corporations
SUBJECT: EVISION SURVEILLANCE SYSTEMS INC. TO 12 To 15 TO 10
DOCUMENT NUMBER: P05000159608
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:
MARK TOSON (Name of Contact Person)
EVISION SURVEILLANCE SYSTEMS INC. (Firm/Company)
7011 GRAND NATIONAL DR. #100 (Address)
GRLANDO, FL 32819 (City/State and Zip Code)
For further information concerning this matter, please call:
JOHN BOWEN at (413) 244-4749 (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

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 FLOFIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EVISION SURVEILLANCE SYSTEMS, INC. 2. The principal office address: 7011 GRAND NATIONAL DR
2. The principal office address: 7011 GRAND NATIONAL DR
ORLANDO, FL 32819
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/06/2005 Document number: P05000159608
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MARK TOSCN
7011 GRAND NATIONAL DR #100
(P.O. Box NOT acceptable)
7011 GRAND NATIONAL DR #100 CRLANDO, FL 32819 589
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
JOHN BOWEN
(Signature of an officer or director) (Printed or typed name and title)
Mereby 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) 10/25/06 (Date)
(
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FIT INC FFF • \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)