## P14000070629

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (ony contact principle)                 |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
| :                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



700316140387

07/30/18--01019 -001 \*\*35.00

2018 JUL 30 PM I2: 16 Secretary of State

C GOLDEN
AUG - 2 2018

## **COVER LETTER**

| TO: Amendme<br>Division      | ent Section of Corporations               |                                   |                                      |  |  |
|------------------------------|---|-----------------------------------|--------------------------------------|--|--|
| _                            | Integrated TechnologEASE                  | and Security, Inc                 | C.                                   |  |  |
| SUBJECT: Name of Corporation |   |                                   |                                      |  |  |
|                              | P1400007062                               | 29                                |                                      |  |  |
| DOCUMENT N                   | UMBER:                                    |                                   |                                      |  |  |
| The enclosed Stat            | ement of Change of Registered Office/     | Agent and fee are s               | ubmitted for filing.                 |  |  |
| Please return all c          | correspondence concerning this matter t   | o the following:                  |                                      |  |  |
|                              | Tracy Gin                                 | gras                              |                                      |  |  |
|                              | Name of Conta                             | ict Person                        |                                      |  |  |
|                              | technologE                                | EASE, inc.                        |                                      |  |  |
| Firm/Company                 |   |                                   |                                      |  |  |
|                              | 1878 Lakeview Road                        |                                   |                                      |  |  |
|                              | Addres                                    | SS                                |                                      |  |  |
|                              | Clearwater,                               | FL 33764                          |                                      |  |  |
|                              | City/State and                            | Zip Code                          |                                      |  |  |
|                              | tracy.gingras@tee                         | chnologEASE.ne                    | et                                   |  |  |
|                              | E-mail address: (to be used for fut       | ure annual report                 | notification)                        |  |  |
|                              |   |                                   |                                      |  |  |
| For further inforn           | nation concerning this matter, please cal |                                   |                                      |  |  |
|                              | Tracy Gingras                             | 727                               | 543-3742                             |  |  |
| Na                           | nme of Contact Person                     | Area Code & I                     | Daytime Telephone Number             |  |  |
| Enclosed is a \$35           | .00 check made payable to the Departm     | ent of State.                     |                                      |  |  |
|                              | Mailing Address: Amendment Section        | Street Address: Amendment Section |                                      |  |  |
|                              | Division of Corporations                  | Division o                        | of Corporations                      |  |  |
|                              | P.O. Box 6327                             | Clifton Bu                        | •                                    |  |  |
|                              | Tallahassee, FL 32314                     |                                   | cutive Center Circle<br>ee, FL 32301 |  |  |
|                              |   | i ananasse                        | e, FL 32301                          |  |  |

TO:

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

| Pursuant to the provisions of sections 6 statement of change is submitted for a c in order to change its registere   | corporation organized under t                                     | the laws of the State ofFlo                                  | rida<br>———            |  |
|--|---|--|------------------------|--|
|  |   | gEASE and Security, Inc                                      |                        |  |
| 1. The name of the corporation:  2. The principal office address:  3210 Pleasant Lake Drive Tampa, FL 33618  |   |  |                        |  |
| 3. The mailing address (if different):   | 1878 Lakeview Road  | Clearwater, FL 33764   |                        |  |
| 4. Date of incorporation/qualification: _  | 08/24/2014 Docu   | P140000  | 070629                 |  |
| 5. The name and street address of the cu<br>Florida Department of State: (If resig   | irrent registered agent and reg                                   |  |                        |  |
| C  | avid Wayne Dallmann   | TA)  |                        |  |
|  | 3210 Pleasant Lake Drive  |  | OUBJUL 30<br>Secretary |  |
|  | Tampa, FL 33618   | HASS   | •                      |  |
| 6. The name and street address of the no (if changed):   | ew registered agent (if change                                    | ক্র<br>d) and /or registered office ্ন                       |                        |  |
|  | Tracy Ann Gingras   | ī  | <b>ர</b> ் <b>ர</b>    |  |
| <del></del>  | 1878 Lakeview Road  |  |                        |  |
|  | P.O Box NOT acceptable<br>Clearwater, FL 33764                    | 4  |                        |  |
| The street address of its registered offi as changed will be identical.  | ce and the street address of t                                    | he business office of its regist                             | ered agent.            |  |
| Such change was authorized by resolut authorized by the board, or the corpora  |   |  |                        |  |
| Tracy Gingras  | , Tra   | cy Gingras, Vice Preside                                     | ent                    |  |
| Signature of an officer or offector  I hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am far agent. Or, if this document is being fil hereby confirm that the corporation ha | risions of all statutes relative<br>miliar with and accept the ob | to the proper and complete<br>digation of my position as rev | gistered<br>ess, I     |  |
| 1 .  | •   | 07/26/18   |                        |  |
|  |   | Date   |                        |  |
| If signing on behalf of an entity:   |   |  |                        |  |
| Typed or Printed Name  |   |  |                        |  |

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