

P 140000 70629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

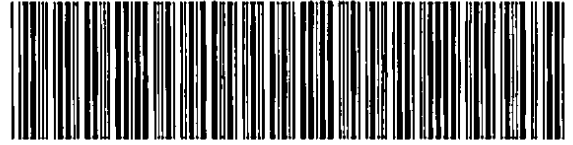
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrated TechnologEASE and Security, Inc.
Name of Corporation
P14000070629

DOCUMENT NUMBER: _____

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:

Tracy Gingras
Name of Contact Person
technologEASE, inc.
Firm/Company
1878 Lakeview Road
Address
Clearwater, FL 33764
City/State and Zip Code
tracy.gingras@technologEASE.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Gingras at (727) 543-3742
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

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; Integrated TechnologEASE and Security, Inc.
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 Document number: P14000070629

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)

David Wayne Dallmann

3210 Pleasant Lake Drive

Tampa, FL 33618

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracy Ann Gingras

1878 Lakeview Road

P.O. Box NOT acceptable
Clearwater, FL 33764

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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.

Tracy Gingras
Signature of an officer or director

Tracy Gingras, Vice President
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.

Tracy Gingras
Signature of Registered Agent

07/26/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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