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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE WOLF CABLING CONNECTIONS, INC.

	<u> </u>
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COVER LETTER

Division of Corporations
SUBJECT: Wolf Cabling Connections, Inc. Name of Corporation
DOCUMENT NUMBER: F10000005224
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:
- Liset Robles Name of Contact Person
InCorp Services, Inc. Firm/Company
2360 Corporate Circle · Suite 400 Address
Henderson, NV 89074-7722 City/State and Zip Code BENNYS & WCC - INC. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Liset Robles on behalf of Incorp Services, Inc.at (702) 866-2500 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

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of California	
•		ered agent, or both, in the State of Florida.	,
1. The name of	the corporation: Wolf Cabling Conne	cuons, inc.	
2. The principal	office address: 1 COLUMBIA SUITE	E 130 ALISO VIEJO CA 92656	
3. The mailing	address (if different): PO BOX 6116 L	AGUNA NIGUEL CA 92607-6116	
4. Date of incom	rporation/qualification: 11/29/2010	Document number: F10000005224	
5. The name an		gent and registered office on file with the ed)	
	NRAI SERVICES, INC.		
	515 E. Park Avenue		7
	Tallahassee, FL 32301		
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	TO JANA 22 MAIN 48
	InCorp Services, Inc.		15 25
	17888 67th Court North		F OF
	P.O. Box NOT	Cacceptable	
	Loxahatchee, FL 33470		
The street addr as changed wil	ess of its registered office and the street I be identical.	address of the business office of its registered	i agent,
Such change wanthorized by t	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tifled in writing of the change.	
MIS	we of all difference of difference	THOMAS J. TISCHLER	- PRESIDEN
I hereby accept I further agree performance of agent. Or, if the hereby confirm	I the appointment as registered agent an to comply with the provisions of all stat f my duties, and I am familiar with and a his document is being filed merely to refl that the corporation has been notified i	d agree to act in this capacity utes relative to the proper and complete accept the obligation of my position as registe ect a change in the registered office address, in writing of this change.	04/14/13
		December 4, 2012	
Si	grature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Liset Rot	oles on behalf of Incorp Service Typed or Printed Name	es, Inc.	
	* * * FILING FE	E: \$35.00 * * *	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)