



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WaveSpin Reels, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000000979

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:

Russell Riley  
Name of Contact Person

WaveSpin Reels, Inc.  
Firm/Company

127 12 Mile Rd.  
Address

Remus, MI 49340  
City/State and Zip Code

investrepo@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Riley at ( 989 ) 967-8426  
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

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