F07000005034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 MAR -9 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 MAR -9 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3/20/23

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/09/2023

Acc#I20160000072

Name:	TracFone Wireless, Inc.
Document #:	
Order #:	14825561 - 3

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑	Email Address for Annual Report Notifications:
	Plain: ☐	
	COGS: ☐	

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 43.75

Thank you!

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2023

CORRECTED
Please Allow For
Same File Date

CT CORP

SUBJECT: TRACFONE WIRELESS, INC.
Ref. Number: F07000005034

We have received your document for TRACFONE WIRELESS, INC. and the authorization to debit your account in the amount of $43.75. However, the document has not been filed and is being returned for the following:

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 323A00005902

RECEIVED
2023 MAR 17 PM 12:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2023

CT CORP

SUBJECT: TRACFONE WIRELESS, INC.
Ref. Number: F07000005034

We have received your document for TRACFONE WIRELESS, INC. and the authorization to debit your account in the amount of $43.75. However, the document has not been filed and is being returned for the following:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please correct the document number for the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 923A00005646

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

2023 MAR -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

F07000005034

(Document number of corporation (if known)

1. TRACFONE WIRELESS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware (Incorporated under laws of)

3. 10/10/2007 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: *(City)*, Florida *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action
CEO, President	Eduardo Diaz Corona	9700 Northwest 112th Avenue	Add
		Miami, FL 33178	X Remove
CEO, President	Angela J. Klein	9700 Northwest 112th Avenue	X Add
		Miami, FL 33178	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Karen M. Shipman

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Karen Shipman — (Typed or printed name of person signing)

Assistant Secretary — (Title of person signing)

FILING FEE $35.00