| Current Mai   | ing Address.   |                       |   |                    |
|---|--|-----------------------|---|--------------------|
| P O BOX 202   | 29   |                       |   |                    |
| FLAGLER B   | CH, FL 32136   |                       |   |                    |
|   |  |                       |   |                    |
| FEI Number: 46-3435080                                    |  |                       | Certificate of Status Desired: No             |                    |
| Name and A  | ddress of Current Registered Agent:  |                       |   |                    |
| BAYER, DENNI<br>109 SOUTH 6TI<br>SUITE200<br>FLAGLER BEAG |  |                       |   |                    |
| The above named   | entity submits this statement for the purpose of changing its regis  | tered office or regis | tered agent, or both, in the State of Flo     | rida.              |
| SIGNATURE: DENNIS K BAYER, ESQ                            |  |                       |   |                    |
| SIGNATURE   | : DENNIS K BAYER, ESQ  |                       |   | 03/10/2019         |
| SIGNATURE   | : DENNIS K BAYER, ESQ<br>Electronic Signature of Registered Agent  |                       |   | 03/10/2019<br>Date |
| SIGNATURE<br>Officer/Direc                                | Electronic Signature of Registered Agent   |                       |   |                    |
|   | Electronic Signature of Registered Agent   | Title                 | D   |                    |
| Officer/Dired   | Electronic Signature of Registered Agent   | Title<br>Name         | D<br>FOREHAND, WILLIAM M                      |                    |
| Officer/Dired   | Electronic Signature of Registered Agent<br><b>ctor Detail :</b><br>D  |                       | -   |                    |
| <b>Officer/Direc</b><br>Title<br>Name<br>Address          | Electronic Signature of Registered Agent<br>ctor Detail :<br>D<br>FOREHAND, ZOEE B                           | Name<br>Address       | FOREHAND, WILLIAM M                           |                    |
| <b>Officer/Direc</b><br>Title<br>Name<br>Address          | Electronic Signature of Registered Agent<br>ctor Detail :<br>D<br>FOREHAND, ZOEE B<br>400 S. OCEANSHORE BLVD | Name<br>Address       | FOREHAND, WILLIAM M<br>400 S. OCEANSHORE BLVD |                    |
| <b>Officer/Direc</b><br>Title<br>Name<br>Address          | Electronic Signature of Registered Agent<br>ctor Detail :<br>D<br>FOREHAND, ZOEE B<br>400 S. OCEANSHORE BLVD | Name<br>Address       | FOREHAND, WILLIAM M<br>400 S. OCEANSHORE BLVD |                    |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZOEE B FOREHAND

D

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P04000060728

Entity Name: Z WAVE, INC.

# **Current Principal Place of Business:**

400 S. OCEANSHORE FLAGLER BCH, FL 32136

## urront Mailing Address ~

FILED Mar 10, 2019 Secretary of State 1886222409CC

Electronic Signature of Signing Officer/Director Detail

Date