2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000529322

Entity Name: WAVEHDC LLC

Current Principal Place of Business:

180 MAIN ST #47
BUTLER, NJ 07405

Current Mailing Address:

180 MAIN ST #47
BUTLER, NJ 07405 US

FEI Number: 83-1071436

FILED
Apr 15, 2025
Secretary of State
5761651075CR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE HENCZ 04/15/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	GIBSON, DARRYL
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	MANAGER
Name	SOFTLEY, JEFF
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	AUTHORIZED REPRESENTATIVE
Name	DAMAVANDI, MARYAM
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	AUTHORIZED REPRESENTATIVE
Name	CARLSON, MARC
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	MANAGER, AUTHORIZED REPRESENTATIVE
Name	SHOTTS, JEFF
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	AUTHORIZED REPRESENTATIVE
Name	COX, TOM
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	AUTHORIZED REPRESENTATIVE
Name	LE, TOM
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

Title	AUTHORIZED REPRESENTATIVE
Name	MIGLIARINI, JOHN
Address	475 ANTON BLVD
City-State-Zip:	COSTA MESA CA 92626

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHOTTS, JEFF AUTHORIZED REPRESENTATIVE 04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date