

1/21/2015 12:20:34 From: To: 8506176380

(1/3)

Division of Corporations

FO1000004336

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

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15 JAN 21 PM 2:08

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
MANN WIRELESS, LTD., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

15 JAN 21 PM 12:12

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANN WIRELESS, LTD., INC.
Name of Corporation

DOCUMENT NUMBER: FO1000004336

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:

~~CATHY SEALES~~ Emily Mastrianni
Name of Contact Person

MANN WIRELESS, LTD., INC.
Firm/Company

437 Middle Grove Rd
Address

Middle Grove, NY 12850-1107
City/State and Zip Code

~~CSEALES@MANNWIRELESS.COM~~ emastrianni@mnnwireless.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Healy at 612 852-1285
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MANN WIRELESS, LTD., INC.

2. The principal office address: 437 MIDDLE GROVE ROAD
MIDDLE GROVE, NY 12850

3. The mailing address (if different): 437 MIDDLE GROVE ROAD
MIDDLE GROVE, NY 12850

4. Date of incorporation/qualification: 08/16/2001 Document number: F01000004336

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SCHLEBEN, MARK BESQ.

1423 SOUTH FORT HARRISON AVENUE

CLEARWATER, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

c/o NRAI Services, Inc., 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director


Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

By:

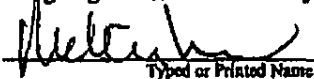
Signature of Registered Agent

1/21/2015

Date

If signing on behalf of an entity:

Michele Miller
Assistant Secretary


Typed or Printed Name

*** FILING FEE: \$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)

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TALLAHASSEE, FLORIDA
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