

F04000005375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

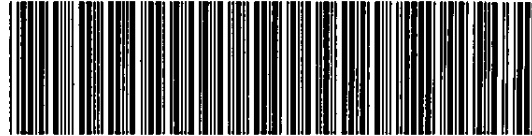
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wave Link Corp. of Puerto Rico
Name of Corporation

DOCUMENT NUMBER: F04000005375

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:

Gabriela Guzman
Name of Contact Person

Wave Link Corp. of Puerto Rico
Firm/Company

87961 Old Hwy.
Address

Islamorada, FL 33036
City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriela Guzman at (786) 427-7576
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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SECRETARY OF STATE

**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 Puerto Rico in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wave Link Corp. of Puerto Rico
2. The principal office address: 87961 Old Hwy., Islamorada,
FL 33036
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/27/2001/7/11/2004 Document number: F04000005375
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)

Gabriela Guzman
403 Palm Drive
Islamorada, FL 33036

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

Gabriela Guzman
87961 Old Hwy.
P.O. Box NOT acceptable
Islamorada, FL 33036

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.

Michael Myers
Signature of an officer or director

Michael Myers, 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.

Gabriela Guzman
Signature of Registered Agent

8/16/16
Date

If signing on behalf of an entity:

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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