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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.

REGISTERED AGENT CHANGE QUANTA WIRELESS SOLUTIONS, INC.

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12/13/2012

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CT CORPORATION

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COVER LETTER

Di	vision of Corporations			
SUBJECT	Quanta Wireless Solutions, Inc.			
Name of Corporation				
DOCUME	F05000005824 ENT NUMBER:			
The enclos	sed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	· -	•		
	Name of Contain	rt Person		
Name of Contact Person				
	Firm/Comp	any		
	Address	3		
	City/State and 2	Zip Code		
	•			
	E-mail address: (to be used for futu	re annual report notification)		
For further	information concerning this matter, please call	:		
		at ()		
v	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is	s a \$35.00 check made payable to the Departme	nt of State.		
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		

CR2E045 (03/12)

91.086 - 10/21/2012 Wolten Kluwer Online

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo	102, 607.1508, or 617.1508, Florida Statutes, this	
		tered agent, or both, in the State of Florida.	
	the corporation: Quanta Wireless Solution	-	
	office address: 5132 STATE HIGHWAY		
2. The principal	office address:		
3. The mailing	address (if different); 2800 POST OAK B	LVD SUITE 2600 HOUSTON TX 77056	
4. Date of incor	poration/qualification: 10/07/2005	Document number: F05000005824	
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the led)	
	CORPORATION SERVICE COMPANY	·	
	1201 HAYS		
	TALLAHASSEB FL 32301		. 7
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	12 DEC 14
	C T Corporation System	·	
	c/o C T Corporation System, 1200 South	Pine Island Road	7
	P.O. Box NO	T acceptable	
	Plantation, Florida 33324		: 100
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered a	
Such change was authorized by the	as authorized by resolution duly adopte he board or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
	MATHORIX	Kristin Bolden, Secretary	
Signati	ire at au officer of director	Printed or typed name and talls	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent at to comply with the provisions of all sta- my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registere lect a change in the registered office address, I in writing of this change.	d
By: OCT4	orbitration System	12/05/2012	
	nature of Registered Agent	Date	···
If signing or so	W!f Pfarpinity:		
	t Secretary		
T	yped 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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