## F13000000420

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations							
SUBJ	TECT: WISE CONNECT, INC.  Name of Corporation							
DOC	UMENT NUMBER: F1300000420							
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	e return all correspondence concerning this matter to the following:							
	Myra Simmons Name of Contact Person							
	Name of Contact Person							
	Capitol Services Registered Agent Department Firm/Company							
	rirm/Company							
	800 Brazos Ste 400							
	Address							
	Austin, TX 78701 City/State and Zip Code							
	City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter, please call:							
	Myra Simmons at ( 800 ) 345-4647  Name of Contact Person Area Code & Daytime Telephone Number							
	Name of Contact Person Area Code & Daytime Telephone Number							
Enclo	sed is a \$35.00 check made payable to the Department of State.							
	Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations							
	P.O. Box 6327 Clifton Building							
	Tallahassee, FL 32314 2661 Executive Center Circle							

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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registered	rporation organized va	nder the laws of the Sta	te of DELAWAR	₹E
1. The name of t	he corporation: WISE	CONNECT, IN	IC.		
2. The principal	office address: 4605 C	enter Street, Suit	e B		
Deer Park	, TX 77536				
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·		
4. Date of incorp	oration/qualification: 1	/29/2013	Document number: F	13000000420	
Florida Depar	street address of the cur tment of State: (If resign Gerald Betancourt		nd registered office on f	ile with the	
	Geraiu betancourt	<del></del>			
	3403 Lawn Ct Street Address			4	~3
	Tampa	FL	33611	ALL ALL	2015
6. The name and (if changed):	street address of the new		zp coce nanged) and /or register	ed office AMAY O	DC1 19 P
	155 Office Plaza D	rive. Suite A			PM 12:
	Street Address	P.O. Box NOT acceptab	le .		င္န
	Tallahassee	FL	32301		<del>4-</del>
	chy ss of its registered offic be identical.	State e and the street addres	zp come s of the business office	of its registered ager	ıt,
Such change wa anthorized by th	s authorized by resolution board, of the corporat	on duly adopted by its ion has been notified i		_	
	re di ati giptor or director		MANOY J.	OPLIGER	Sec.
I hereby accept I further agree t performance of	the appointment as region comply with the proving my duties, and I am familis document is being file that the corporation has	illar with ana accept i	e to act in this capacity lative to the proper an the obligation of my po	v. d complete sition as registered	
<u>Ollan</u>	ii Case	; ;	10-13-13	5	
If signing on bei	half of an entity:	:			
	e, Asst. Secretary  yped or Printed Name	on behalf of Capi	tol Corporate Ser	vices, Inc.	

\*\*\* 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)