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To:

Division of Corporations

Fax Number (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_

## REGISTERED AGENT CHANGE WIRELESS RESOURCES INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1 ange is submitted for a corporation organized und er to change its registered office or registered ago	der the laws of the State of Nevi	ada
	the corporation: Wireless Resources Inc		
	l office address: PO box 27740	<del></del>	
Las Vegas N			
3. The mailing a	address (if different): 33 Sugar Bowl Lane F	ensacola Beach FL 3256	12419
4. Date of incorp	poration/qualification: 07/21/15 D	ocument number: F1500000	3186
	d street address of the current registered agent and atment of State: (If resigned, enter resigned)	I registered office on file with the	ne
	C T CORPORATION SYSTEM		
1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Registered Agents Inc		2023 JAN 24 SECHE ARE
	7901 4th St N STE 300		ASSE ASSE
	St. Petersburg FL 33702	eptable	8: <b>59</b> E. FI.
The street addroas changed will	ess of its registered office and the street address I be identical.	of the business office of its re	gistered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its he board, or the corporation has been notified in	board of directors or by an offi i writing of the change.	cer so
Patrico	Rot	oin Jones	
	are of an officer or director	Printed or typed name and title	<del></del>
I hereby accept I further agree i of my duties, an document is bei corporation has	t the appointment as registered agent and agree to comply with the provisions of all statutes rel nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regist s been notified in writing of this change.	to act in this capacity, ative to the proper and comple of my position as registered agered office address, I hereby be	te performance yent. Or, if this onfirm that the
Jun 5-850	01/2	23/2023	
Sig	gnature of Registered Agent	Date	<del></del>
If signing on be	chalf of an entity:		
David Robe	erts		
T	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, F1, 32314 CR2E045 (04/13)