

F190000000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

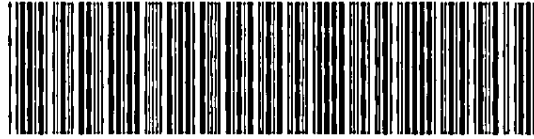
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Form no longer applicable
file amendment

Office Use Only



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06/02/20--01032--006 **35.00

REVIEW
NOV 3 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2020

TERESA BRAY
2509 LAUREL GLEN DR
LAKELAND, FL 33803

SUBJECT: ONDAS NETWORKS INC.
Ref. Number: F19000000893

We have received your document for ONDAS NETWORKS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted no longer meets the filing requirements of the Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00012155

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2020 JUN 19 10:47

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ONDAS NETWORKS, INC.

Name of Corporation

DOCUMENT NUMBER: F19000000893

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Bray

Name of Contact Person

Back Office Consultants, Inc.

Firm/Company

2509 Laurel Glen Drive

Address

Lakeland, FL 33803

City/State and Zip Code

tbray01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Bray

Name of Contact Person

863

at ()

224-0072

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000000893

(Document number of corporation (if known))

1. ONDAS NETWORKS INC.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 02/11/2019
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Derek Reisfield	165 Gibraltar Ct.	<input type="checkbox"/> Add
		Sunnyvale, CA 94089	<input checked="" type="checkbox"/> Remove
Director	Richard M. Cohen	165 Gibraltar Ct.	<input type="checkbox"/> Add
		Sunnyvale, CA 94089	<input checked="" type="checkbox"/> Remove
Director	Richard H. Silverman	165 Gibraltar Ct.	<input type="checkbox"/> Add
		Sunnyvale, CA 94089	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stewart Kantor

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00