(Requestor's Name)					
(Ad	ldress)				
(Address)					
•					
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
	•				
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

Division of	Corporations		•
SUBJECT: The	Wireless Shop, Lt	_C	
			ility Company)
Dear Sir or Madam	:		
The enclosed Regis	stered Agent/Registered	Office Chang	e and fee(s) are submitted for filing.
Please return all co	rrespondence concernin	g this matter t	o the following:
Mohamad Dke	sidok		
Monamad Dre	(Name of Person)		_
The Wireless	Shop, LLC		
	(Firm/Company)		_
		_	
	orough Ave., Suite	9 F	<u> </u>
572 (1.4) 5.74	(Address)	, •	
Tampa, FL 336	14		
	(City/State and Zip Code)		_
For further informa	tion concerning this ma	tter, please cal	II:
Mohamad Dkei		at (<u></u> 813	₎
(Nar	ne of Person)		(Area Code & Daytime Telephone Number
STDEET/C/	DURIER ADDRESS:	M	AILING ADDRESS:
Registration		Registration Section	
Division of C	Corporations	Division of Corporations	
Clifton Build			O. Box 6327
	ve Center Circle Florida 32301	, Ta	llahassee, Florida 32314
Enclosed is	a check for the follow	ing amount:	
\$25 Filin	g Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the State	ts the following states	16 or 608.508, Florida Statu ment in order to change its re	ites, the undersigned limited egistered office or registered
1. The name of the limit	ed liability company i	s: The Wireless Shop, LLC	·
2. The mailing address of	of the limited liability	company is : 3904 W. Hillsb	orough Ave., Suite F
Tampa, FL 33614			
11/30/2006		L060001145	10
3. Date of filing/registrat	tion in Florida	4. Document	number
5. The name of the regist Florida Department of		gistered office address as show	on the records of the
•	Mohammad Dk		
	450 Prondon To	Name	·
	439 Brandon 10	wn Center, Unit 9103 Address	- ON S
	Brandon, FL 33		07 I
		y, State and Zip	
6. The name and address	of the new registered	agent and/or office:	SECRETARI VISION OF C 07 OCT 30
Mohamad Dkeidek		<u> </u>	
	Name		2: 1
	3904 W. Hillsborough Ave., Suite F		= =
	riorida street addre	ess (P.O. Box NOT acceptable	e) = ==================================
	Tampa	FL 33614	·
	City,	, State and Zip	
confirmed that after the c and the business office of liability company, it is he	thange or changes are fithe registered agent creby confirmed that the nited liability comparent of the limited liability comparent compa	foos/f1	ess of the registered office use of a Florida limited ized by an affirmative vote
Mohamad (Printed or typed name of signee	Dkeidek	<u>-</u>	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Thereby confirm (Signature of Registered Agout)	intment as registered as of all statutes relat ad accept the obligation this document is bein a that the limited liabi	agent and agree to act in this ive to the proper and complete ons of my position as registere g filed to merely reflect a char lity company has been notified	capacity. I further agree to e performance of my duties, ad agent as provided for in age in the registered office I in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00