DIRECTOR'S OFFICE

Florida Department of State

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Account Name : TRIPP SCOTT, P.A.

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

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LLC REGISTERED AGENT CHANGE WHOOP WIRELESS LLC

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Tripp Scott

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company; WHOOP WIRE	LESS	LLC				
2. (C/O HYPOWER, INC.	(b)	C/O HY	POWER, INC.			
 - \	- / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-,		Mailing address of limited li (Note: MAY BE POST G		-	
		5913 NW 31 AVENUE		5012 NI	W 31 AVENUE	Frice Bu	<i>_</i>	
		3913 NW 31 AVENUE		2913 141	MOLVAENCE		 -	
		FORT LAUDERDALE, FL 33309	FORT LAUDERDALE, FL 33309					
		JULY 30, 2013	ļ	L130001	07716			
3.		Date of filing/registration in Florida	4.		Document number		<u></u>	
5. ((a)	CORPORATE CREATIONS NETWORK INC.						
J. (رم	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of Stat	- ic:			
		11380 PROSPERITY FARMS ROAD						
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS		~			
		#221E						
		PALM BEACH GARDENS 3	3410					
		FLU BEAUTI GATIDENS ,FL			-	≫ (/)	201	
,	b)	DENNIS D SMITH, ESQ				34 III	2015 HAY	c
(. ,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	TRSE:	-	ETARY		Serie Dan
						SSE		ļ.
		C/O TRIPP SCOTT, P.A.			_	1110		Ī
		NEW Registered Office Address:				F STATE	ထဲ့	Ţ
		110 SE 6TH STREET, 15TH FLOOR			_	골품	ယ	
						T.	ယ	
		FORT LAUDERDALE ,FL3	3301		_			
the dager	cha it v /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of teles of organization or the operating agreement of the limited liability.	ie regis ility co the lim mited li	tered offic mpany, it i ited liabilit ability cor	e and the business officishereby confirmed that ty company or as other mpany.	e of the real the chan wise provi	egistered ge(s) ded in	
		- Canton	IAN	LIS, AU	THORIZED REPRE		LIVE	
I he provide the motif	religion of the control of the contr	tyre of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete poligations of my position as registered agent as provided if the registered office address, I he is in writing of this change. Why have the proper and the registered office address, I he of Registered Agent	to act erforms for in C reby co	in this cap ince of my hapter 60, infirm that	Printed or typed name of a pacity. I further agree to duties, and I am famili 5, F.S. Or, if this document the limited liability con	ro comply	with the ad accept ing filed a been	

Division of Corporations. P.O. Box 6327. Taliahassee, FL 32314

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