## P01000099147

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
· (C	city/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(	Pocument Number)	
(2	ocament Namber,	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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SECRETARY OF STATE
ANASSEE, FLORID

A: Charge

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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT:							
(Name of Corporation)							
DOCUMENT NUMBER: P01000099147							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Mark N. McQuagge							
(Name of Contact Person)							
McQuagge & Blaue PA							
(Firm/Company)							
96 Willard Street, Suite 106							
(Address)							
Cocoa, Florida 32922							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Mark N. McQuagge at (321) 631-1775 (Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

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

statement of chan	rovisions of sections 60 ge is submitted for a co to change its registered	orporation organiz	ed under the	e laws of the S	tate of Flor:		
1. The name of th	e corporation:	Wireless A	Accesso	ries, I	nc.		
2. The principal o	ffice address:	260 North 32934 US	Drive,	Melbour	ne, Flor:	ida	
3. The mailing ad	dress (if different):	Same					
4. Date of incorpo	oration/qualification:	10-11-200	1 Docum	ent number:	P01000	099147	
5. The name and Florida Departs		•	ent and regis				
_	260 N	orth Drive					
	Melbo	urne, Flor	ida 32	934 US		23.5 280 480	· • ,
6. The name and (if changed):	street address of the ne	w registered agent			tered office SSEE	RETARY C	
		llard Stre	<del></del>			کا کا انک	
•		. Box NOT acceptable)			<u></u>	29 AT	
	Cocoa	, Florida	32922		<b>&gt;</b>	<b>•</b>	
The street address as changed will	ss of its registered offi be identical.	ce and the street a	ddress of th	ne business of	fice of its regis	tered agent,	,
	s anthorized by resolute board, or the corpora						
		,	Chris	Kelley,	Presiden	it ,	
	e of an officer or director)			•	d name and title)		
I further agree to of my duties, and document is bein	the appointment as rest of comply with the provided in a comply with the provided in a complete to reflect the provided in writing the complete in wri	visions of all statu nd accept the oblig ct a change in the	agree to a tes relative gation of m registered	ct in this cape to the proper y position as i office addres	acity. and complete registered ager s, I hereby con	performanc it. Or, if thi firm that the	e s ?
Sig	northe of Registered Agent)		<u></u>	J-G	-US		
If signing on bel	nalf of an entity:						
	McQuagge  yped or Printed Name)						

\* \* \* FILING FEE: \$35.00 \* \* \*