2008 FOR PROFIT CORPORATION

FILED Jul 31, 2008 8:00 am Secretary of State

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SIGNATURE:

07-31-2008 90044 004 ***158.75 DOCUMENT # P01000118378 C & G WIRELESS, INC. 40112497 Principal Place of Business Mailing Address 520 W. SR 436 925 SOUTH SEMORAN BLVD. 1108 WINTER PARK, FL 32792 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022008 CR2E034 (12/06) #110 City & State City & State 4. FEI Number Applied For 22-3850576 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTIGLIONE, JOSEPH 925 SOUTH SEMORAN BLVD. Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32792 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition TITLE **™** Change NAME CASTIGLIONE, JOSEPH NAME 9255 SEMORAH BLUD #110 925 SOUTH SEMORAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP WINTER PARK, FL 32792 VP TITLE ☐ Defete TITLE Change ☐ Addition GENCO, MICHAEL NAME NAME STREET ADDRESS 925 S. SEMORAN BLVD #108 STREET ADDRESS 925 S. SEMORAN BLUD #110 CITY-ST-7IP WINTER PARK, FL 32792 CITY-ST-ZIP WINTER PARK TITLE ☐ Delete ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.