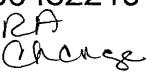
## P0200103442

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
Ви	isiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: WHN SOFTWARE, TWC (Name of corporation)			
DOCUMENT NUMBER: 90 2000 10 3 442			
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:			
Awton RESNICK (Name of contact person)			
Weshosyng net, INC (Firm/Company)			
36 NE 2nd Smeet, suite # 550 (Address)			
Miami, FL, 33/32 (City/state and zip code)			
For further information concerning this matter, please call:			
ANION RESNICE at (305) 4006706 (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 409 E. Gaines Street Tallahassee, FL 32399			

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WHW SOFTWARE, TWC
2. The principal office address: 36 NE 2nd Street, Suite#550, miAM
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/25/202 Document number: 902000103442
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company I'm &
1201 HAYS Street, Tallahassee = = =
32301 SSE TO
6. The name and street address of the new registered agent (if changed) and /or registered office.
- Anton REGNICK
36 NE 2nd Street, & Suite # 550 (P.O. Box NOT acceptable)
MIAMI, FL, 33132
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  Reymond Reswick (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 01/25/2005 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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