P03000105056

(Requestor's Name)	
(Address)	<u>-</u>
· · · · · · · · · · · · · · · · · · ·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
· (Document Number)	
Certified Copies Certificates of Status _	
Certificates of Status	
Special Instructions to Filing Officer:	
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PALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Sec Division of Corp							
SUBJECT: WIF	RELESS ENGINEERED C Name of Corpora	ONCEPTS, INC.					
DOCUMENT NUMBE	R:P030001	05056					
The enclosed Statement	of Change of Registered Office/Age	nt and fee are submitted for filing.					
Please return all correspo	ondence concerning this matter to the	e following:					
	LEON PAUL KASS, F	RESIDENT					
	Name of Contact I	Person					
WIRELESS ENGINEERED CONCEPTS, INC.							
	Firm/Compan	у					
	0605 125TH CT	DEET					
	9695 135TH ST Address	REET					
	SEMINOLE, FL 33	776-1434					
	City/State and Zip	Code					
	Ink@fdn.cor	n					
Ipk@fdn.com E-mail address: (to be used for future annual report notification)							
For further information of	concerning this matter, please call:						
LEON	PAUL KASS at (727 \ 593-3100					
	Contact Person	727) 593-3100 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 cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLC	ORIDA		
1. The name of t	the corporation: WIRE	LESS ENGIN	EERED CONCER	PTS, IN	<u>C.</u>		
	office address: 9695 1 E, FL 33776-1434	35TH STREET		<u>-</u>			
3. The mailing a	address (if different):						
4. Date of incorporation/qualification: 09/24/2003 Document number: P0			P03	000105	5056	_	
	d street address of the cur rtment of State: (If resign		t and registered office on	file with th	ne		
	KASS, MICHAEL						
	1505 N. FLORIDA	AVENUE			Ā.c	0	
	TAMPA, FL 33601				ECRI	09 SEP 2	
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or register	red office	TARY OF	P 21 P₩	FILED
	ROBERT A. ROSE	NBERG, ESQ.		 	101- 101-	Ÿ	<u> </u>
	28960 U.S. 19 NO				ADA.	07	
	CLEARWATER, FI	P.O. Box NOT acc	ceptable				
The street addre		•	dress of the business office	ce of its re	gistered	agent,	,
	^		y its board of directors or ed in writing of the chan				
• Ja	re of an officer or director		LEON PAUL KAS	S, PRES		Τ	
I harahy accent	the appointment as rea	istered agent and a isions of all statute d accept the obliga ct a change in the ra g of this change.	gree to act in this capaci s relative to the proper a tion of my position as res egistered office address.	tu	ete perfoi gent. Or onfirm t	rmanc · if thi hat the	e S ?
	RORGET A. ROS	enbedação	SEPTEMBEI Date	R 15, 20	09		
If signing on be	chalf of an entity:						
	A. ROSENBERG, I	ESQ.					
Т,	uned or Printed Name						

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