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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUL 15 PM 2:22

June 24, 2021

JAY MOSKOWITZ
7750 OKEECHOBEE BLVD SUITE 4-855
WEST PALM BEACH, FL 33411 US

SUBJECT: WIRELESS MARVELS INC.
Ref. Number: P05000105234

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 121A00014353

*Signed copy
attached
7/8/21*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wireless Marvels Inc.

Name of Corporation

DOCUMENT NUMBER: P05000105234

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:

Jay Moskowitz

Name of Contact Person

Wireless Marvels Inc.

Firm/Company

7750 Okeechobee Blvd, Suite #4-855

Address

West Palm Beach, FL 33411-2106

City/State and Zip Code

jay@wirelessmarvels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY MOSKOWITZ

Name of Contact Person

at (561) 777-6800

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

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 25211th State of Florida Art. 3, 59

1. The name of the corporation: Wireless Marvels Inc. SECRETARY OF
2. The principal office address: 7750 Okeechobee Blvd., Suite #4-855
West Palm Beach, FL 33411-2106
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/28/2001 Document number: P05000105234
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corn, Linda

12235 Whistler Way

Boynton Beach, FL 33473

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its regist 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.

Jay Moskowitz
Signature of an officer or director

Jay Moskowitz, President

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.

Bill Havre

Signature of Registered Agent

05/26/2021

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)