P05000118492

•			
(Req	uestor's Name)		
(Address)			
(Add	ress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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SECRETARY OF STATE

RAChange There is 9/9-08

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ.	ECT; DMC WIRELESS SYSTEMS. CO			
	(Name of Co	orporation)		
DOC	JMENT NUMBER: P05000118492			
The er	nclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	CARLOS A TORRENECRA			
CARLOS A TORRENEGRA (Name of Contact Person)				
	(
	DMC WIDELESS SYSTEMS C	20		
DMC WIRELESS SYSTEMS. CO (Firm/Company)				
	,			
ATT. MR. ARNULFO ROJAS= P.O.BOX 172938				
	(Addr	ess)		
	HIALEAH FL. 33017			
	(City/State an	d Zip Code)		
For fu	rther information concerning this matter, please ca	all:		
ARNU	JLFO ROJAS	at (_305) 495-0399		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a \$35.00 check made payable to the Departi	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee FL 32301		

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

statement of chai	nge is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this red under the laws of the State of FLORIDA	
in order	r to change its registered office or register	ed agent, or both, in the State of Florida.	
! The name of t	he corporation: DMC WIRELESS SYSTE	MS, CO	
2. The principal	office address: 7175 NW 179TH ST, 203=	MIAMI LAKES FL. 33015	
3. The mailing ac	ddress (if different): ATT. MR ARNULFO	ROJAS= P.O.BOX 172938= HIALEAH. F.L. 33017	
4. Date of incorp	oration/qualification: 08/25/2005	Document number: P05000118492	
	street address of the current registered agament of State:	ent and registered office on file with the	
	DIEGO MONTESDEOCA		
	4981 N UNIVERSITY DR, # 29	TAFFE T	
	LAUDERHILL, FL 33351		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office F. FLORIE TO PARTS	
	ARNULFO ROJAS	Name of the state	
	7175 NW 179TH ST. SUITE 203		
	(P.O. Box NOT acceptable)		
	MIAMI LAKES, FL 33015		
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
1 10	re of an officer or director)	CARLOS A TORRENEGRA (Printed or typed name and title)	
I hereby accept I further agree t of my duttes, and document is bein	the appointment as registered agent and	•••	
	may Ho	09/12/2008	
(Sig	(nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
ARNULFO RO			
(T	yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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