

PO600013/593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RC
10/5/10
K

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TCC Wireless, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000131593

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:

Bryan Matthew Woods
Name of Contact Person

TCC Wireless, Inc.
Firm/Company

2643 Gulf To Bay Blvd., Suite 1560/426
Address

Clearwater, Florida 33759
City/State and Zip Code

bryan.woods@metalworldwide.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Matthew Woods at (727) 808-9866
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2010

BRYAN M WOODS
2643 GULF TO BAY BLVD STE 1560/426
CLEARWATER, FL 33759

SUBJECT: TCC WIRELESS INC.
Ref. Number: P06000131593

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

The registered agent must sign accepting the designation.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 710A00020737

**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: TCC Wireless, Inc.
2. The principal office address: 2643 Gulf To Bay Blvd., Suite 1560/426, Clearwater, Florida 33759
3. The mailing address (if different): 2643 Gulf To Bay Blvd., Suite 1560/426, Clearwater, Florida 33759
4. Date of incorporation/qualification: 10/16/2006 Document number: P06000131593
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)

Tarun Chhabra

25400 U.S. Highway 19, N., Suite 152

Clearwater, Florida 33763

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

Tarun Chhabra

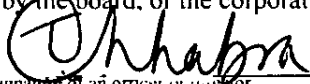
2643 Gulf To Bay Blvd., Suite 1560/426

P.O. Box NOT acceptable

Clearwater, Florida 33759

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.

x 
Signature of an officer or director

x TARUN CHHABRA - 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.

x 
Signature of Registered Agent

x 9/27/2010
Date

If signing on behalf of an entity:

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 (8/05)

APPROPRIATE
FILED
10 SEP 30 AM 10:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE