P0900001U397

(Re	equestor's Name)		
(Ad	ldress)	-	_
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	_
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
	· 		┙,

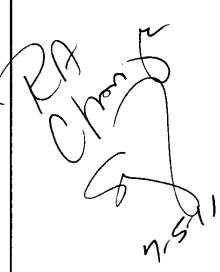




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TALLAHASSEE PINE



COVER LETTER

TO: Amendment Section Division of Corporations
·
SUBJECT: ATHENA COMMUNICATIONS & TECHNOLOGIES Name of Corporation
Name of Corporation
DOCUMENT NUMBER: P09000014397
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:
CLEOPHAS A TOE
Name of Contact Person
ATHENA COMMUNICATIONS & TECHNOLOGIES
Firm/Company
040 0VDD500 0D55N 0VD015
618 CYPRESS GREEN CIRCLE Address
WELLINGTON, FL 33414
City/State and Zip Code
CTOE & ACTIVIDEL FCC NET
CTOE@ACTWIRELESS.NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CLEOPHAS A TOE at (561) 706-0027
CLEOPHAS A TOE at (561) 706-0027 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ATHENA COMMUNICATIONS & TECHNOLOGIES Component
2. The principal	office address: 618 CYPRESS GREEN CIRCLE
WELLING	TON, FL 33414
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 02/16/2009 Document number: P09000014397
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	CLEOPHAS A TOE
	1555 SPRING HARBOR DRIVE, SUITE E
	DELRAY BEACH, FL 33445
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	CLEOPHAS A TOE
	618 CYPRESS GREEN CIRCLE
	P.O. Box NOT acceptable
	WELLINGTON, FL 33414
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatui	CLEOPHAS A. TOE, PRESIDENT Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	06/25/2011
_	half of an entity:
T	yped 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)