P09000016898

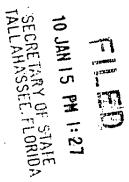
(Requestor's Name)						
(Address)						
(Address)						
· ,						
(City/State/Zip/Phone #)						
(Orty/State/ZIp/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Certified Copies Certificates of Status						
octimical copies						
Special Instructions to Filing Officer:						





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R.A. Charge C.COULLIETTE

JAN 1 9 2010

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corpo	on rations	·					
SUBJI	ECT:	Firehouse Wireles	s Incorporated					
		Name of C	corporation					
DOCU	MENT NUMBER	:P09	000016898	<u></u>				
The en	closed Statement of	Change of Registered Offic	e/Agent and fee are subm	itted for filing.				
Please	return all correspon	dence concerning this matte	r to the following:					
		Traci L B	rinkmann					
		Name of Co	ntact Person					
Firehouse Wireless Incorporated								
			ompany					
		568 Juni	per Place					
	Address							
	Wellington, Florida 33414							
	Wellington, Florida 33414 City/State and Zip Code							
	torsi as a l@finate averaginal as a second							
	traci.cool@firehousewireless.com E-mail address: (to be used for future annual report notification)							
		(
For fur	ther information co	ncerning this matter, please	call:					
	Traci F	Brinkmann		707-4374				
		ontact Person	Area Code & Day	707-4374 time Telephone Number				
Enclose	ed is a \$35.00 checl	s made payable to the Depar	tment of State.					
	<u>M</u> A	ailing Address: mendment Section	Street Address Amendment S	<u>s:</u> Section				
		ivision of Corporations	Division of C					
		O. Box 6327	Clifton Build	_				
	1:	allahassee, FL 32314	Tallahassee, l	ve Center Circle FL 32301				

TO:

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

statement of cha	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida		
1. The name of	the corporation: Fireh	ouse Wireless	Incorporated			
2. The principal	office address: 568 Ju	niper Place	,,,,,			
	Welling	ton, FL 33414		1410		
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: _	02/23/2009	Document number:	P09000016898		
	d street address of the curtment of State: (If resign		at and registered office on t	file with the		
	Eric Brinkmann					
	568 Juniper Place					
	Wellington, FL 334	114				
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or register	10 JAN 15 TALLAHASS		
	Traci L Brinkmann			ASS		
	568 Juniper Place					
P.O. Box NOT acceptable Wellington, FL 33414						
	—— PRINT 23					
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business offic	e of its registered agent,		
Such change wa authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notifi	y its board of directors or led in writing of the chang	by an officer so		
Signatu	re of an officer or director	_	Eric Brinkmann/			
of my duties, and document is bei	the appointment as reg to comply with the prov id I am familiar with an ing filed merely to refle s been notified in writin	isions of all statute d accept the obliga ct a change in the r	oree to act in this canaci			
- Suco J	native of Registered Agent		01/11/2 Date	2010		
If signing on be	chalf of an entity:					
т	yped or Printed Name					

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