

P10000049474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

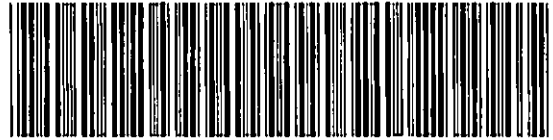
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600318689576

09/28/18--01003--017 **35.00

2018 SEP 28 P 11 52
TALLAHASSEE, FL 32304

FILED

1 of 1

RA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIRECT WAVE, INC.
Name of Corporation

DOCUMENT NUMBER: P10000049747

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:

LARRY R. HOLCOMB
Name of Contact Person

DIRECT WAVE, INC.
Firm/Company

9508 BUXTON COURT
Address

ORLANDO, FL 3217
City/State and Zip Code

waxerservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Holcomb at (407) 671-1689
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

**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: DIRECT WAVE, INC.
2. The principal office address: 9508 BUXTON COURT
ORLANDO, FL 32817
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 12/2006 Document number: P10000049474

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)

(RESIGNED) SHELLEY HOLCOMB

9508 BUXTON COURT

ORLANDO, FL 32817

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

LARRY R. HOLCOMB

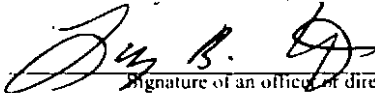
9508 BUXTON COURT

P.O. Box NOT acceptable

ORLANDO, FL 32817

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

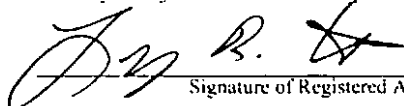
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Larry R. Holcomb (Registered Agent)

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.


Signature of Registered Agent

September 24, 2018

Date

If signing on behalf of an entity:

DIRECT WAVE, INC.

Typed or Printed Name

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