

Office Use Only

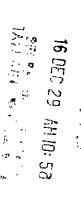


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R. Whiteen



## **COVER LETTER**

Division of Corporations
SUBJECT: WaveSpin Reels, Inc.  Name of Corporation
DOCUMENT NUMBER: P11000000979
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:
Name of Contact Person
WAVE Spin Roels Tre. Firm/Company
127 12 M1/5 KO. Address
Remus, M1 49340 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    1   1   5     1   6   4   6   7   8   4   2   6     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

TO:

Amendment Section

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