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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: WIRE INC Name of Corporation							
DOCUMENT NUMBER: P1200000 1/22 ,							
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:							
DANNY PEREZ. Name of Contact Person							
Firm/Company							
9705 SW /33 TEN. Address							
City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Contact Person at (305) 979-9678. 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

rursuant to the pro statement of change								
in order to	ochange its registe	red office or	registered a	gent, o	r both, in	the State	of Florida.	
 The name of the The principal off 	corporation:	wi	win	-ε	100	<u>-</u>		
2. The principal off	fice address:	9705	sw /	33	ten			
	AMI Fl	33176	<u> </u>					
3 The mailing add	ress (if different):	9705	· sω	13	3 <i>†</i>	ξn.		
	MIAN	11 F	/ 33	3/7	6.		·	
4. Date of incorpora	ation/qualification	01/04	1/2012	Docum	nent num	per:	12 00000	1122
5. The name and str Florida Departme	reet address of the ent of State: (If res			ınd regi	stered of	fice on fil	e with the	
		No	Chang	٤				
	· · · · · · · · · · · · · · · · · · ·	<u></u>						
	<u> </u>		<u></u>		_			2112
6. The name and str (if changed):	reet address of the	new registere	ed agent (if c	hanged	l) and /or	registered	i office	Z ÁUG
	9705	sw /3	3 +50				ASS.	22
	9705 : Miani	<u> </u>	77215					
	MIHMI	P.O. B	> 3/ / lox NOT accepta	ble	<u>,</u>	.,	— Lo:	GO.
								686 11:
The street address as changed will be	of its registered of identical.	ffice and the	street addre	ss of th	e busines	s office o	of its registere	ed agent,
Such change was a authorized by the	outhorized by resolution	lution duly action has be	dopted by its	s board in writ	of direct	ors or by	an officer so	
/ /*	an officer or director						· ·	
Signature of I hereby accept the							nd title	_
I further agree to a performance of my agent. Or, if this a hereby confirm tha	comply with the pr duties, and I am j locument is being	ovisions of a familiar with filed merely	ill statutes re and accept to reflect a c	elative the obi change	to the pre ligation o in the re	pper and of f my posi gistered o	tion as regist	tered s, I
	WA							
Signatu	re of Registered Agent					Date		
If signing on behal	of an entity:							
Турес	or Printed Name							

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