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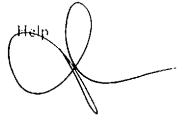


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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 \*\*Enter the email address for this business entity to be used for futer annual report mailings. Enter only one email address please.\*\* Email Address: REGISTERED AGENT CHANGE WATERWAY WIRELESS INC.

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Page, 3 of 3

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

| 1. The name of the corporation: Waterway Wineless Inc 2. The principal office address: 401 E Las Olas 130 386  Fort Lauderdale, FL 33301  3. The mailing address (if different): 4. Date of incorporation/qualification: 05/15/2012 Document number: P12000645932  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)  Cook, Christopher  401 E Las Olas 130 386  Fort Lauderdale, FL 33301  C T Corporation System  1200 South Pine Island Road  P.O. for NOT acceptable  Plancation, Florida 33324  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.  Island Cook  Systems of no micro or director  I further agree to comply with the provisions of all statutes relative to the proper and complete performance, only of my disting and and influence in the proper and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered effice address. Thereby confirm that the corporation has been notified in writing of this change.  C T Corporation System  Variable (C T Corporation System)  | statement of cha  | ange is submitted for a corporation o  | 7.0502, 607.1508, or 617.1508, Florida Stat<br>organized under the laws of the State of <mark>Flor</mark><br>egistered agent, or both, in the State of Flor                         | rida  |
|---|---|--|---|---|
| 2. The principal office address: 401 E Las Olas 130 386  Fort Lauderdale, FL 33301  3. The mailing address (if different):  4. Date of incorporation/qualification:  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)  Cook, Christopher  401 E Las Olas 130 386  Fort Lauderdale, FL 33301  6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  C T Corporation System  1200 South Pine Island Road  F.O. box NOT acceptable  Plantation, Florida 33324  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 of director.  // Signature of an officer of directors of all statutes refaire to the proper and complete performance of my daties, and I am Jamilar with and accept the obligation of my position as registered agent and agree to act in this capacity.  // Jurther agree to comply with the provisions of all statutes refaire to the proper and complete performance of my daties, and I am Jamilar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely at reflect a change in the registered effice address. Thereby confirm that the corporation has been notified in writing of this change.  C T Corporation System |   | · · · · · · · · · · · · · · · · · · ·  |   |   |
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| Signature of Registered Agent Date  | Six   | rature of Registered Agent   | Date  | <del></del>   |
| If signing on behalf of an entity:  | If signing on be  | half of an entity:   |   |   |
| Kuthryn A Widder Hist Screeny<br>Typod or Printed Name  | Kuthryn   | 12 Widder Ast Screen   | η   |   |
| * * * FILING FEE: \$35.00 * * *   |   | * * * FILING   | G FEE: \$35.00 * * *  |   |

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By: