

P/2000051545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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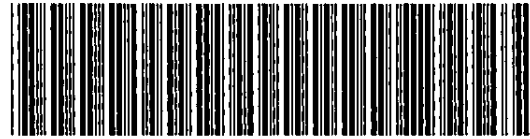
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **NexGen Wireless, Inc**
Name of Corporation

DOCUMENT NUMBER: **P12000051545**

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:

Avinash Prasad

Name of Contact Person

NexGen Wireless, Inc

Firm/Company

5765 Lynn Lake Drive South

Address

St Petersburg, FL 33712

City/State and Zip Code

nexgenwireless@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avinash Prasad

Name of Contact Person

at **954 990-3999**

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: NexGen Wireless, Inc
2. The principal office address: 12345 Tyrone Square, #33, St Petersburg, FL
3. The mailing address (if different): 5765 Lynn Lake Drive, St Petersburg, FL 33712

4. Date of incorporation/qualification: 06/06/2012 Document number: P12000051545

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)

Ugrasen Prasad

2377A Lynn Lake Court S

St Petersburg, FL 33712

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

Ugrasen Prasad

5765 Lynn Lake Drive S

P.O. Box NOT acceptable

St Petersburg, FL 33712

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

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

10/01/2012

Date

If signing on behalf of an entity:

Ugrasen Prasad

Typed or Printed Name

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