## P140000303074

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 0 3 2014 T. CARTER



## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: WIRED EXPRESS INC  Name of Corporation						
DOCUMENT NUMBER: P14000030374						
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:						
Robert Davis						
Name of Contact Person						
WIRED EXPRESS, INC Firm/Company						
8255 WEST SUNRISE BLVD, # 1/3 Address						
PLANTATION FL 33322  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:  Robert Davis  at (954) 861.0624  Name of Contact Person  Area Code & Daytime Telephone Number						
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

_	provisions of section nge is submitted fo						
	r to change its regi						_
1. The name of t	he corporation:	WIRED	EXPRES	S, INC			
2. The principal	office address:	8255	West su	NRISE B	ND,#113		
		PLANT	JUION, FO	- 33322	<u> </u>		
3. The mailing a	ddress (if different)	):	BAME				
4. Date of incorp	poration/qualification	on: 4/3/	14 Do	ocument number	r: <u>P14000</u>	× 3030	374
	l street address of the transfer of the street address of the transfer of State: (If the street address of the			registered offic	e on file with th	ıe	
	820	55 West	SUNTISE	BLVD, S	STE 113		
	PL	ANTATION	FL 33	3 <u>22</u> .			
						14 S	SEC
6. The name and (if changed):	l street address of the	ne new registere	ed agent (if cha	nged) and /or re	gistered office	SEP 2.2	RETARY AHASSE
		5 WEST				3	<u></u>
		PLANTA	TION, FZ :	33322		<del></del> မ	STAT LORI
		P.O. Bo	NOT acceptable		<del></del>	9	DE A
The street addre	ess of its registered be identical.	office and the s	street address o	of the business	office of its reg	istered age	ent,
Such change wa authorized by th	s authorized by res	solution duly ad poration has be	lopted by its been notified in	oard of director writing of the c	s or by an office hange.	er so	
Robe	ert Dan	isn-Presid	dent	Robert	Davis		_
-	te of an officer or director the appointment a to comply with the my duties, and I ar is document is bein that the corporatio		ent and agree t Il statutes relat and accept the o reflect a cha ified in writing	· · ·	d name and title pacity. er and complete ny position as r stered office add	; egistered dress, I	
Rol	zent Pan nature of Registered Agen	N. S.		,	9/19/14		
Sign	nature of Registered Agen	t	<del></del> -	Da	te		-
If signing on bel	half of an entity:						
	ped or Printed Name	<del></del>					
·	-	* * * FILIN	G FEE: \$35.0	0 * * *			
	Marinari		o Eronin ( D-		<b>1_</b>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)