**Electronic Filing Cover Sheet** 

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(((H22000209699 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE **PURPLE WIFLINC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Help

JUN 1 7 2022

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### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: PURPLE WIFI INC
Name of Corporation
DOCUMENT NUMBER: P19000063486
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:
Joshua Murphy
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Murphy at (888 ) 705-7274
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607,0502, 617.0. unge is submitted for a corporation org				
-	er to change its registered office or regi			-	
1. The name of	the corporation: PURPLE WIFI IN	1C			
2. The principal	office address: 8 The Green Su	ite 10	706 Do	ver, DE 1990	01
_	address (if different):				
4. Date of incor	poration/qualification: 8/13/2019		Document	number: P1900	00063486
	d street address of the current registered rument of State: (If resigned, enter resigned)		and register	ed office on file w	ith the
	BLUMBERGEXCELSIOR COI	RPOR	ATE SER	RVICES, INC.	_
	155 OFFICE PLAZA DRIVE,		1ST	FL.	_
	TALLAHASSEE		FL	32301	_
6. The name and (if changed):	d street address of the new registered as Registered Agent Solution			nd /or registered of	
	155 Office Plaza Dr.	9	Suite A		2022 JI Section
		Box NOT	acceptable 3230	4	=
The street addr	ess of its registered office and the stre			-	ے در اس
	as authorized by resolution duly adopthe board, or the corporation has been				
s Pete l	_ee	Pete	e Lee		Authorized Person
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent of the appointment as registered agent of to comply with the provisions of all stand I am familiar with and accept the oing filed merely to reflect a change in seen notified in writing of this chang	atuteš r bligatio the regi	ee to act in elative to ti n of my po:	he proper and con sition as registere	mplete performance ed agent. Or, if this
Modean	•	06	6/16/202		
	mature of Registered Agent			Date	
	chalf of an entity:				
	Assistant Secretary  yped or Printed Name				
·	* * * FILING :	err. C	15 (M) * * *		