P98000103944

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2023 HAR 29 MM 9: 27

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 1200000	ACCOUNT	NO.	:	I20000000195
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REFERENCE : 620899 7420237

AUTHORIZATION : _(//

COST LIMIT : \$ /3/5.00

ORDER DATE: March 29, 2023

ORDER TIME : 9:57 AM

ORDER NO. : 620899-005

CUSTOMER NO: 7420237

CHANGE OF AGENT

NAME: THINK WIRELESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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

•		02, 617.0502, 607.1508, or 617.1508, Florida Statute. ation organized under the laws of the State of <u>Florida</u>	s, this
	0 0 2	ce or registered agent, or both, in the State of Florida	
1. The name of	the corporation: Think Wirele	ss, Inc.	
	office address: 5497 WILES F		
3. The mailing a			
4. Date of incoη	poration/qualification: 12/14/	1998 Document number: P98000103944	
	f street address of the current tment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	
	Taoglas USA		2023 HAR
	5497 WILES RD, STE 205, COCONUT CREEK, FL 33073		
			29 1
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	MM 9: 2
	Corporation Service Compan	y	, ,
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee, Florida 32301		
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its regis	tered agent.
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors or by an officer has been notified in writing of the change.	· so
1200l		Robert Newbold, Chairman	
I hereby accept I further agree to of my duties, an document is bei corporation has	i been noujieu in writing of t	Printed or typed name and title ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete p ept the obligation of my position as registered agen hange in the registered office address, I hereby conf his change.	performance t. Or if this irm that the
Corporation Serv	Wellow-Jonnson, AVP	03/29/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т:	yped or Printed Name		

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

Ву: