

F080000005123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

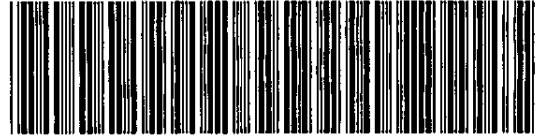
(Business Entity Name)

(Document Number)

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02/22/16--01005--004 \*\*25.00

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2016 MAR 30 AM 10:48  
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TALLAHASSEE FLORIDA

RA/RO/CHG

MAR 30 2016

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**WIRELESS COMMUNICATIONS, INC.**

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**F08000005125**

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

**NICOLAS SIHA**

\_\_\_\_\_  
Name of Contact Person

**LEGALINC CORPORATE SERVICES INC.**

\_\_\_\_\_  
Firm/Company

**17350 STATE HIGHWAY 249**

\_\_\_\_\_  
Address

**HOUSTON, TX 77064**

\_\_\_\_\_  
City/State and Zip Code

**SUPPORT@LEGALINC.COM**

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

For further information concerning this matter, please call:

**NICOLAS SIHA**

**713 478.1040**

\_\_\_\_\_  
Name of Contact Person at ( ) 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2016

NICOLAS SIHA  
LEGALINC CORPORATE SERVICES INC.  
17350 STATE HIGHWAY 249  
HOUSTON, TX 77064

SUBJECT: WIRELESS COMMUNICATIONS, INC.  
Ref. Number: F08000005125

We have received your document for WIRELESS COMMUNICATIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 116A00004045

**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: WIRELESS COMMUNICATIONS, INC.
2. The principal office address: 4800 REAGAN DRIVE  
CHARLOTTE, NC 28206
3. The mailing address (if different): 4800 REAGAN DRIVE  
CHARLOTTE, NC 28206
4. Date of incorporation/qualification: 12/01/2008 Document number: F08000005125

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)

USA-RA LLC

841 PRUDENTIAL DRIVE, 12TH FLOOR

JACKSONVILLE, FL 32207

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

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL 33907

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Mich Siha  
Signature of an officer or director

NICOLAS SIHA  
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.*

Mich Siha  
Signature of Registered Agent

3/10/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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