

FK5000003147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

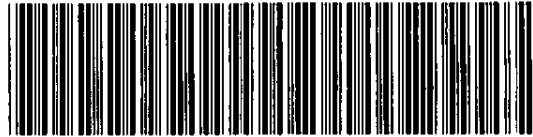
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279882352

FILED
15 DEC -9 AM 8:12
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
15 DEC -9 AM 10:53

RAC

DEC 10 2015

10:11:11

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 903327 7539619
AUTHORIZATION : *Spaldeman*
COST LIMIT : \$ 35.00

ORDER DATE : December 8, 2015
ORDER TIME : 9:49 AM
ORDER NO. : 903327-005
CUSTOMER NO: 7539619

CHANGE OF AGENT

NAME: PDVWIRELESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender - EXT 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PDWIRELESS, INC
Name of Corporation

DOCUMENT NUMBER: F1500003147

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:

Maria Long
Name of Contact Person

Compliance Solutions, Inc.
Firm/Company

740 Florida Central Parkway, Suite 2028
Address

Longwood, FL 32750
City/State and Zip Code

mark@csilongwood.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Long at (407) 260-1011
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PDVWIRELESS, INC
- 2. The principal office address: 3 Garret Mountain, #401, Woodland Park, NJ 07424
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/20/2015 Document number: F15000003147

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)

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

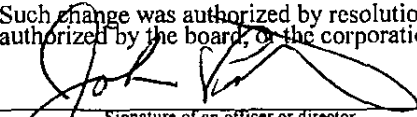
FILED
 15 DEC -9 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Corporation Service Company
1201 Hays Street
 P.O. Box NOT acceptable
Tallahassee FL 32301

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

John C. Pescatore

 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.

Corporation Service Company
 By: 

 Signature of Registered Agent

12/9/15

 Date

If signing on behalf of an entity:

Melissa Zender

 Typed or Printed Name
 Asst. Vice President

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314