## 766421

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: M	BILE MANDR Z	N.C.		
30302011 <u></u>	Name of Con	poration		
DOCUMENT NU	MBER: 766421			
The enclosed States	ment of Change of Registered Office	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
_	Dee Masterson	***************************************		
	Hayden & Assoc			
	12650 Whitehall Dr			
	Ft Myers, FL 33907			
	dee@hayden-assoc	iates.com		
	Addre	282		
	, 144.1			
	City/State and	Zip Code		
_	E-mail address: (to be used for fu	ture annual report notification)		
	L-man address. (to be used for fu	ture annual report notification;		
For further informa	ation concerning this matter, please ca	all:		
Dee Mas	SESON me of Contact Person	at ( 259 ) 489 4890 Area Code & Daytime Telephone Number		
Nar	ne 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	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MOBILE MANDR; TNC
	office address: 12650 Whitehall Dr  Ft Myers, FL 33907
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 1 6 3 Document number: 76 64 21
	I street address of the current registered agent and registered office on file with the the threat of State: (If resigned, enter resigned)
	Haydena Assoc-Lac = 3
	8359 Beacon Blvd, Suite 313 Ft Myers, FL 33907 ,
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	12650 Whitehall Dr Ft Myers, FL 33907
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
_	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Moduli Signaturi	e of an officer or director  Printed or typed name and title
I hereby accept i I further agree to performance of i agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Sign	ature of Registered Agent Date
f signing on beh	alf of an entity:
Typ	ped or Printed Name

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