10/000/0003

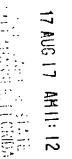
(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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S. WARREN AUG 1 8 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
C11D11		BILECOM	LLC		
SUBJ	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to t	he following:		
	MONICA HALL				
	Name of Person				
	Firm/Company				
	3116 ALHAMBRA CIRCLE	Ē			
	Address				
	CORAL GABLES, FL 33134	1			
	City/State and Zip Code				
	monica.hall@mobilecomllc.co	im			
E	-mail address: (to be used for future annu	al report no	otification)		
For fu	ther information concerning this matter,	please call:			
	MONICA HALL	786 at (521-6141		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		
INHS1	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	nne of the limited liability company: MOBILECOM	LLC		
, (a)	3116 ALHAMBRA CIRCLE CORAL GABLES,	(t	3116 A	LHAMBRE CIRCLE CORAL GABL
. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/20/2001	-	L010000	
•	Date of filing/registration in Florida	4.		Document number
(a)				_
	Registered Agent and Registered Office shown on the records of the 445 Grand Bay Dr# 301 Key Biscayne, FL 33		a Dept, of Sta	le:
	Registered Office Address (MUST BE FLORIDA STREET AL 445 Grand Bay Dr# 301	_	2)	- 17
	Key Biscayne	3149		AUG
(b)	MONICA HALL Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	AMII: 12
	NEW Registered Office Address:			
	3116 ALHAMBRA CIRCLE		,.	_
	CORAL, GABLES , FL 3	3134		
se cha gent v as/we e arti Signa herei rovisi e obl mere otified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabere of amember or authorized representative of a member obvious of all statutes relative to the proper and complete pigations of my position as registered agent as provided elly reflect a change in the registered office address, I held in virting of this change.	he regional here in the limited of t	stered offic ompany, it in hited liability liability con ONICA HA	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. ALL Printed or typed name of signee Ducity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00