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SECRETARY OF STAIR DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mosomo, LLC (Name of Limited I	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Douglas Dunks (Name of Person)		
Mosomo, LLC (Firm/Company)		
7137 Melissa Elaine Dr		
(Address)		
Panama City Beach, FL 32407-5665		
(City/State and Zip Code)		
For further information concerning this matter, pleas	e call:	
Douglas Dunks at (85	50) 596-8944	
(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 amou	nt:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability	y company is: Mosomo,	LLC	·
2. The mailing address of the limit	ted liability company is:		
653 W 23rd St, Suite 293, Pana	ama City, FL 32405		<u> </u>
July 9, 2007		L07000070645	
		4. Document number	
5. The name of the registered agen Florida Department of State:		address as shown on the recor	ds of the
Dougi	as Dunks Name		
4324 V	W 2oth St, Apt A103		
	Address		5
<u>Panan</u>	na City, FL 32405 City, State and Z	<u>-</u>	ojviš 07
Z 771 1 11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	• ,	•	SECRET INISION O
6. The name and address of the new	w registered agent and/or	office:	
Dougla	as Dunks		
7127 N	Name Melissa Elaine Dr		# 988 ST
	street address (P.O. Box	NOT acceptable)	AHII: 03
	,	• ,	To the
Panam	a City Beach, FL 324	·	
	City, State and Zip	p	
If the limited liability company is confirmed that after the change or and the business office of the regis liability company, it is hereby confirmed the members of the limited liab or the operating agreement of the limited liability.	changes are made, the Floatered agent will be identifirmed that the change(s) ility company or as other imited liability company.	orida street address of the regis cal. Or, in the case of a Florida was/were authorized by an affi	tered office a limited irmative vote
(Signature of a member or authorized represe	entative of a member)		
Douglas Dunks (Printed or typed name of signee)			·
I hereby accept the appointment a comply with the provisions of all s and I am familiar with and accept Chapter 608, FS. Or if this docu address, I have by confirm that the (Signature of Registered Agent)	is registered agent and ag tatules relative to the pro the obligations of my pos ment is being filed to mer limited liability company	gree to act in this capacity. I fi per and complete performance ition as registered agent as pr sely reflect a change in the regi has been notified in writing of	orther agree to of my duties, ovided for in stered office this chänge.
	enorations PA Ray 623	27, Tallahassee, FL 32314	
Division of Con	rporations, P.O. Box 652 FILING FEE: \$2		