(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use On	 Iv



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05/04/15--01050--011 \*\*105.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Target Mobile M Name of Lim	arketing, LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Clarke O. Mazza Name of Person		
Target Mobile Marketing, L	LC	
11555 Central Parkway. St	<u>e:402</u>	
Jacksonville, Florida 32224-2695 City/State and Zip Code		
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, please ca	ıll:	
Clarke O. Mazza at (	704 744-7478  Area Code & Daytime Telephone Number	
	•	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	



May 11, 2015

CLARKE O. MAZZA TARGET MOBILE MARKETING, LLC 11555 CENTRAL PARKWAY - STE. 402 JACKSONVILLE, FL 32224-2695

SUBJECT: TARGET MOBILE MARKETING, LLC

Ref. Number: L09000011166

We have received your document for TARGET MOBILE MARKETING, LLC and your check(s) totaling \$105.00. 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.

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: 515A00009810



## 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.

	$\mathbf{I} = \mathbf{M} \cdot $
1. Name of the limited liability company:	+ Mobile Marketing, LLC
2. (a) 11555 Central Parkway	(b) 11555 Central Parkway
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Sto. HD2	Ste: 402
Tacker the Florid 222211 21	
Jacksonville, Florida 32224-26	95 Jacksonville, Florida 32224-
02/03/2009	L09000011166
3. Date of filing/registration in Florida	4. Document number
Clarka Mazza	
Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State:
2201 Rogero Road	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
Jacksonville, FL	32211 <b>3</b> 588
Clarks O Marza	3221 STORY FILE Office address:
(b)	Office address:
Einer hame of NEW Registered Agent and/or Negistered	Office address.
11555 Central Parkway	
NEW Registered Office Address:	22
_Ste: 402	
Tarva	2220 210F
Jackson ville, FL	32224-2695
If the limited liability company is not organized under the law	
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia	ibility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the appearing agreement of the	I the limited liability company or as otherwise provided in limited liability company.
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	CLARKE O. MAZZA
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes yelative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I h	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the first in Chapter 605.
to merely reflect a change in the registered office address, I knowled in writing of this change.	vereby confirm that the limited liability company has been
Signature of Registered Agent	
Mivision at Cornerations P.O. H	tov 6327• Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (2/14)