

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000084501

FILED
Nov 13, 2012
Secretary of State

Entity Name: MOBILE OFFICE MASTER, LLC

Current Principal Place of Business:

840 NORTH CYPRESS AVENUE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

810 NORTH CYPRESS AVENUE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

PO BOX 1728
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEGALL, JACK E
1010 SE 3RD AVENUE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

MCRAE, ALMA J
1640 IVEY RD.
GREEN COVE SPRINGS, FL 32043 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALMA J MCRAE

11/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WEEKS, DONALD R
Address: PO BOX 1728
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD R WEEKS

MGR

11/13/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date