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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Registration Section

Division of Corporations

_{suriect}. MW International Ventures LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Morcos

Name of Perso

Social Mobile Telecommunications

Firm/Company

16400 N.W. 2nd Ave #201

Address

Miami, FL 33169

City/State and Zip Code

robert@socialmobilecellular.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Morcos

 $_{\rm at}$ (305) 915-0693

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 Fce

□ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: MW Internat	ional Ventures LLC		
2. (a) Principal office address of limited liability co (<i>Note: MUST BE STREET ADDRESS</i>)	mpany: 801 N.E 167th St. #314 North Miami Beach, FL 33162		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	801 N.E. 167th St. #314 North Miami Beach, FL 33162		
7/29/2011	L11000087239	ZIII AU	
3. Date of filing/registration in Florida	4. Document number	22	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida	Depti of State:	
Registered Agent:	Robert Morcos		<u> </u>
Registered Office Address:	801 N.E. 167th St. #314 North Miami Beach, FL 33162	5 .	
(b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office ad	dress:	
NEW Registered Agent:			
NEW Registered Office Address:	16400 N.W. 2nd Ave #201		
(MUST BE FLORIDA STREET ADDRESS)	Miami	.F[_33169	
If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the cha the members of the limited liability company or as of the operating agreement of the limited liability comp	, the Florida street address of the identical. Or, in the case of a ange(s) was/were authorized by therwise provided in the article	ne registered offic Florida limited an affirmative vo	te of
Signature of a member or authorized representative of a member			
Robert Morcos			
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation.	t and agree to act in this capact the proper and complete perfol my position as registered agen to merely reflect a change in to ompany has been notified in wr	ity. I further agre rmance of my dut it as providéd for he registered offi iting of this chang	re to ies, in ce ge.

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

Signature of Registered Agent