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COVER LETTER

TO:

INHS18 (2/14)

FO: Registration Section Division of Corporations						
SUBJECT: MOBICHAT LLC	ited Liability Company					
Name of Lim	ned Elability 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:					
DOUGLAS PETRIE						
Name of Person						
MOBICHAT LLC						
Firm/Company						
1347 QUIET COVE COURT	•					
Address						
GULF BREEZE, FL 32563						
City/State and Zip Code						
DOUG@REVNET.COM						
E-mail address: (to be used for future annual report	t notification)					
For further information concerning this matter, please ca	all:					
DOUGLAS PETRIE 20)1 970-7887					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount						
☑ \$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 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.

1. Na	me of the limited liability company: MOBICHAT L	LC		
2. (a)	1347 QUIET COVE COURT	(b) P.O. BOX 304		
_, (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	GULF BREEZE, FL 32563		GULF E	BREEZE, FL 32563
	05/23/2013		L130000	78339
3.5. (a)	Date of filing/registration in Florida DOUGLAS TUBBS	4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of to 1347 QUIET COVE CT Registered Office Address (MUST BE FLORIDA STREET A			
		32563		- - <u>-</u> <u>*</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered 2637 E ATLANTIC BLVD 12606	Office a	ddress:	FILED FILED SAN DE CONCOLO
	NEW Registered Office Address:			3: 1:T
	POMPANO BEACH, FL	33062	2	_
the cha agent v was/we the arti Signal I herei provisi the oblito mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and attended by an affirmative vote of the members of cless of organization or the operating agreement of the support of a member of authorized representative of a member of a member of a member and agreement and agreement of the appointment as registered agent and agreement of all statutes relative to the proper and complete it igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regulative of the limited DC	istered office company, it in ited liability con DUGLAS F	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. PETRIE Printed or typed name of signee pacity. I further agree to comply with the

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

Signature of Registered Agent