3/31/2017

Division of Corporations

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H170000887493)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

2017 HAR 31

## LLC REGISTERED AGENT CHANGE MOBILE CARE MARKETING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

S Warren APR 03 2017

## COVER LETTER

TO: Registration Section Division of Corporations	,		
SUBJECT: MOBILE CARE MARKETING L	LC		
Name of L	imited Lia	bility Company	
Dear Sir or Madam:		•	
The enclosed Registered Agent/Registered Office Ch	ange and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the fo	ollowing:	
CORY GERBRANDT			
Name of Person		_	
CT CORPORATION			
Firm/Company	,	_	
2075 CENTRE POINTE BLVD		_	
Address		_	
TALLAHASSEE, FLORIDA 32308		_	
City/State and Zip Code			
Tony@myseniordentalcare.com			
E-mail address: (to be used for future annual re-	ort notific	eation)	
For further information concerning this matter, please	call:		
CORY GERBRANDT at (	850	20548831	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tall	ahassee, Florida 32314	
Tallahassee, Florida 32301			
Enclosed is a check for the following amou	nt:		
3 \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy	
INHS18 (2/14)			

## 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.

. (a) <sub>.</sub>	Principal office address of limited liability comp. (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1.30.2014		<del></del>	L140	0001679	7		
	Date of filing/registration in Florida		4.		Docume	nt number		
(a)								
` '	Registered Agent and Registered Office shown on the red TONY B. LAYNE	cords of the	Florida Dep	t. of State	<b>c</b> ;			
	Registered Office Address (MUST BF FLORIDA ST	TREET AD	DRESS)		•			
	16119 STATE RD 71						,	
	BLOUNTSTOWN		32424		•	z2	=	70
		, FL	3242#		-	222 F 73	3.7	sector/map
(b)					·	13元	ليبيا	1
<del>(-</del> ) .	Enter name of NEW Registered Agent and/or NEW Re	gistered Of	fice address	:		77-X	~171	
						F-S	U	D
	National Registered Agents, Inc.		<del></del>		-	유로	Ü	
	NEW Registered Office Address:					중교	12	
	1200 South Pine Island Road				- , ;			
	Plantation	, FL_3:	3324					
cha ent w s/we	mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lin- are authorized by an affirmative vote of the mer cles of organization or the operating agreement	iress of the nited liabi mbers of t	e registere lity comp he limited nited liabi	ed office any, it i liabilit lity con	e and the s hereby ( y compan	business o confirmed sy or as oth	ffice of that the	the register change(s)
Signat	have of a member or authorized representative of a membe	<del></del>			Printed or	typed name	of signee	;
ierel ovisi obli mere tified	by accept the appointment as registered agent of one of all statutes relutive to the proper and congations of my position as registered agent as play reflect a change in the registered office add in writing of this drange.	and agree omplele pe orovided fo lress, I her	to act in t rformanct or in Chap eby confi	this cap e of my oter 603 rm that	acity. I fo duties, an 5, F.S. Oi the limite	urther agre nd I am fan r, if this do ed liability	e to con niliar w cument compar	mply with t ith und acc is being fil ny has been

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