(Address)	_ 500276590235
(Address) (City/State/Zip/Phone #)	·
(Business Entity Name)	-
(Document Number)	09/09/1501005029 **25.00
ertified Copies Certificates of Status	_
Special Instructions to Filing Officer:	FILED
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Υ. **COVER LETTER TO: Registration Section Division of Corporations** leut Mobi SUBJECT: 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: Name of Person Firm/Company Duite ZZOO <ickell 3313 City/State and Zip Code E-mail address: (to be used for future annual report notification). For further information concerning this matter, please call: Name of Person at (954) 806-4515 Area Code & Daytime Telephone Number **STREET/COURIER ADDRESS:** MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

** \$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.

1. N	lame of the limited liability company: Neut Mobile LLC
2. (a)	Cursent(b)New - los requestedSee attachedPrincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)(b)New - los requested(see attached(b)New - los requested(see attached(Note: MAY BE POST OFFICE BOX)(see attached
	100 N. Biscoyne Blud IIII Brickell Ave Ste 2200 Floor 9 -, Micmi FL 33132 Micmii FL 33131
3.	O3/11/2014L14000041011Date of filing/registration in Florida4.
5. (a)) <u>Levdayev</u> , <u>Merina</u> (<u>Jeceased</u>) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9 m Floo(
	Mismi , FL 33,32
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	<u>NEW</u> Registered Office Address:
	Suite 2200
the ch	<u>Miemi</u> , FL <u>33131</u> limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) rere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
	ature of a member or authorized representative of a member ARIK Meimoun Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed represent a change in the registered office address, I hereby confirm that the limited liability company has been an writing of this change.
Signat	ure of Registered Agent

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