Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

 Address:			

LLC REGISTERED AGENT CHANGE STATLAB MOBILE LLC 0

Certificate of Status Certified Copy Page Count 02 \$25.00 Estimated Charge

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Help

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.

	7210 NW 25 Street		. 7210 N	IW 25 Street	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33122	-	Miami,	FL 33122	
	07/24/14	-	L140001	116717	
	Date of filing/registration in Florida	4.		Document number	
(a)	JASON G BLILIE				
	Registered Agent and Registered Office shown on the records of th	- e:			
	235 Lincoln Road				
	Registered Office Address (MUST BE FLORIDA STREET AI	· ;;			
	Suite 310			The Silver Zee	
	Miami Beach	33139)	280 NOV 10	
(h)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	FILED PRINOV 12 PH 2: 15 STITUTE OF THE A	
	NEW Registered Office Address: STE 300	_			
	St. Petersburg	33702) -	_	
e cha ent w as/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regard oility co the lim imited l	stered office ompany, it is sited liabilit	e and the business office of the registers is hereby confirmed that the change(s) y company or as otherwise provided in apany.	
•	ure of a member or authorized representative of a member			Printed or typed name of signee	
ovisi e obli mere	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Bill Havre - Assistant	erform for in (ereby c	ance of my Chapter 605 onfirm that	auties, and I am jamiliar with tha acc 5. F.S. Or, if this document is being fil	

Signature of Registered Agent

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