## U50000 46578

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TO: Registration Section Division of Corporations	
SUBJECT: D311 MODILE Name of Lin	Hduertising nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Wendy BRINKMey Name of Person DBW Mbile Add	eer er tising
1127 NW 28 Pl Address	ace
Cope Coval Fl 2  City/State and Zip Code	3993
E-mail address (to be used for future annual repo	and Com
For further information concerning this matter, please of	call:
Wendy Brin Meyer	239, 770 - 6512  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 amoun	t:
☑ \$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. Name of the limited liability company: 13 W Mobile Hovertizing	
2. (a) 1177 NW 28th Pl. Care (b)  Principal office address of limited liability company: Coral C (Note: MUST BE STREET ADDRESS)  33573  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
March 16, 2015  Date of filing/registration in Florida  4. Document number	
5. (a) Chayenne MOSELEY, US Corp. Agents.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
United States Corporation Agents, Fra Estates (MUST BE FLORIDA STREET ADDRESS)	
Tamer FL 33017. A. FE STORE	
(b) Dendy By Nomeyer 50 8 15 8 15 8 15 8 15 8 15 8 15 8 15 8	
NEW Registered Office Address:	
COOR COVAR	
CAPE Coral, FL 331012	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed ontyped name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent	

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