Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000108921 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Fhone : (323) 962-8600 : (323)962-3889 \*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC REGISTERED AGENT CHANGE MOSALLAM POS SERVICES, LLC

	<u>_</u>
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

	istration Section sion of Corporations					
SUBJECT:	MOSALLAM POS SERVICES, LLC					
55252511	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change and i	ee(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the f	ollowing:			
Cheyenne	e Moseley					
	Name of Person	<del></del>	_			
Legalzoor	m.com, Inc.					
	Firm/Company		<del></del>			
101 N. Br	and Blvd., 10th Floor					
	Address					
Glendale,	CA 91203					
	City/State and Zip Code		<del></del>			
onlinefilin	gs@legalzoom.com					
E-mail	address: (to be used for future annu	al report notific	cation)			
For further i	information concerning this matter,	please call:				
Cheyenne	e Moseley	323	773-0888 ext 9724			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enc	Enclosed is a check for the following amount:					
□ \$	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

## 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: MOSALLAM I	POS SERVICE	S, LLC		
2. (a)	2409 BROWNWOOD DR.	(b) 2409 BROWNWOOD DR.			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability (Note: MAY HE POST OFFIC		
	MULBERRY, FL 33860	MULBI	ERRY, FL 33860		
	11/17/2016	L16000	210810	•	<del></del>
3.	Date of filing/registration in Florida	1.	Document number .		
5. (a)	EDNAN C MOSALLAM				
J. (a)	Registered Agent and Registered Office shown on the records of 2409 BROWNWOOD DR.  Registered Office Address		nic:		
		<del></del>		17	
	MULBERRY , FL	33860		APR :	の発見
(b)	United States Corporation Agents, Inc.		_	20 A	NOS S O ANV
•	Enter name of NEW Registered Agent und/or NEW Registered	Office address:		*	
	13302 Winding Oak Court Suite A		<del></del>	ð: 25	22.5
	NEW Registered Office Address:		·		<del>-7</del>
	Tampa , FI,	,33612	_		
the cha agent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered offi ability company, in of the limited liabil	ice and the business office of t is hereby confirmed that the lity company or as otherwise (	the registe change(s)	ered )
11		EDNAN C	MOSALLAM		
	thre of a member or authorized representative of a member by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It difficulting of this change.  Cheyenne Moseley, assist States Corporation Agents		Printed or typed name of signee apacity. I further agree to convy duties, and I am familiar with 05, F.S. Or, if this document at the limited liability companishalf on of United		the cept iled n
Signati	ire of Registered Agent		·		