## 1/6000215026

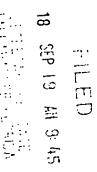
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SEP 2 2 2018

## COVER LETTER

_	istration Section sion of Corporations		
SUBJECT:			STAFFING, LLC ity Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Office Cha	nge and fee(	s) are submitted for filing.
Please return	all correspondence concerning this matte	r to the follo	owing:
4	Aula NETER		
	Name of Person		
Moon	lite EVENT STAFFING, L	6 C	
	Firm/Company		
6/40	2 GARRETT St.		
	Address		
Jupi	FC, 33458 City/State and Zip Code		
<del></del>	·		
E-mail	De SSN 1 @ aol · Com laddress: (to be used for future annual repo	ort notificati	on)
For further i	nformation concerning this matter, please	call:	
PAUL	A NEIER at (	561,	512-2602
	Name of Person		rea Code & Daytime Telephone Number
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fron Building I Executive Center Circle ahassee, Florida 32301	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enc	losed is a check for the following amour	ıt:	
\d\s	25 Filing Fee	□ \$55 F	iling 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.

2. (a) <u>6</u>	e of the limited liability company: Mobility  142 Garret St. Jupiter F  Principal office address of limited liability company: 3.  (Note: MUST BE STREET ADDRESS)  3.	1. (b)	SAME AS AROUE.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	11 /23/2016  Date of filing/registration in Florida	410	6000215026
3.		4.	Document number
5. (a)	Steven Pfeiter		<del></del>
	gistered Agent and Registered Office shown on the records of $64743-647145$	the Florida Dept. of	State:
	egistered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	<del></del>
_	Tupiter .FL	33458	<del></del>
_	Suprier	. <u></u>	
(b)		· <u> </u>	SEP 19
En	iter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	1.6
4	Paula Neier		
<u></u>	EW Registered Office Address:		
	6142 Garrett St.		- <del>1</del> 5
	Jupiter .FI	33458	<b>,</b>
the change agent will was/wefe	ited liability company is not organized under the late or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited liauthorized by an affirmative vote of the members of organization of the operating agreement of the	f the registered o ability company of the limited lia limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signature	of a member or authorized representative of a member	1 / 100 00 /	Printed or typed name of signee
provisións the obliga to merelvi	accept the appointment as registered agent and ag s of all statutes relative to the proper and complete ations of my position as registered agent as provide prefect a change in the registered office address, I writing of the change.	ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent