## 17000046099

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(Document Number)				
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Y SULKER



November 27, 2017

CINDY D'AMBROSIO 6995 INTEGRA COVE BLVD APT 143 ORLANDO, FL 32821

SUBJECT: FLORIDA MOBILE TAX SERVICES, LLC

Ref. Number: L17000046099

We have received your document for FLORIDA MOBILE TAX SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 017A00023839

Dionne M Pijeaux Regulatory Specialist

www.sunbiz.org

## 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.

r iorida.	/A.		•	
1. Name of the limited liability company:	Florida Mobil	e 19x Serv	nces LLC	<u> </u>
2. (a)	(b	•	,	
Principal office address of limited lia	bility company:	Mailing add	ress of limited liability compa	nny:
( <u>Note: MUST BE STREET A</u>	DDRESS)		<u>AY BE POST OFFICE BOX</u>	
6995 Integra Co	ive Glad And 143	699t TV	tegra Cox Blu	d Ant
Orlando, FT 328	71	0110	Je1 2000 1-10	7
<u>Orignal, FT 5280</u>	4	<u>Urlando</u>	it 36/21	
2/27/17		L170000	46099	
B. Date of filing/registration in		Documen	nt number	
s. (a) Kicardo F Perlazo	a			
Registered Agent and Registered Office show	vn on the records of the Florida	Dept, of State:		
Registered Office Address (MUST BE F.	LORIDA STREET ADDRESS)	-		
C C C T 1 1 1 1	OI = I = I	7 143	70 (A)	
O/A IMEGIO CI	DIE BIUG AP	7 1 1 2	EC.	٠.,
Urignao	, fl_ 32 <u>8</u>	4	SEI SSEI	Antras.
(b) Cindy D'Ambrosic	)		FIS TO SEE	m
Enter name of NEW Registered Agent and/o	or NEW Registered Office add	ness:	IAI	$\bigcirc$
6995 Integra Co	we Blud Ap	+143	DA	
NEW Registered Office Address:		• •		
~				
Oclardo	<sub>E1</sub> 328	21		
()1 · ()1 · ()1	, FL,	<u></u>		
f the limited liability company is not organi	zed under the laws of the	State of Florida, it is	hereby confirmed that a	ıfter
he change or changes are made, the Florida agent will be identical. Or, in the case of a F	street address of the regist florida limited liability cou	ered office and the b	usiness office of the reg	gistered
was/were authorized by an affirmative vote of	of the members of the limi	ted liability company	or as otherwise provide	ed in
he articles of organization or the operating a	- /	.) ' ' ' '	) 10	
Flearas Perlang		Kicardo F	er lazar	
Signature of a member or authorized refresentative			typed name of signee	
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agree to act i er and complete performa	in this capacity. I fu nce of my duties, and	rther agree to comply w I I am familiar with and	ith the accept
provisions of all statutes relative to the prop he obligations of my position as registered of o merely reflect a change in the registered f	yem as provided for in Co	haptér 605, F.S. Or,	if this document is bein	g filed Kan
notified in writing of this Change	)	girm mai me amnea	настиу сотрану наз і	ACH
Signature of Registered Agent	)			

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