L1760155710

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195
	REFERENCE	: 612516 8406105
	AUTHORIZATION	
	COST LIMIT	5,25.00
	Marrah 27 2022	
ORDER DATE :	March 27, 2023	
ORDER TIME :	2:18 PM	
ORDER NO. :	612516-059	
CUSTOMER NO:	8406105	

CHANGE OF AGENT

NAME: LET'S TALK MOBILE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

. Na	ame of the limited liability company: LET'S TALK M	OBILE, LL	LC
(a)	800 S. DOUGLAS ROAD, SUITE 450		800 S. DOUGLAS ROAD, SUITE 450
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134
	09/05/2017		L17000188710
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of Cesar Gomez P.A. Registered Office Address (MUST BE FLORIDA STREET	(2)	
	12001 sw 119 Street	<u></u>	2073 H AR
	Miami F	33186	14AR 27
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee F	L	
ange ent v s/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability co of the lim	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i
	/s/ Brett Beveridae	Bret	ett Beveridge, Authorized Person

/s/ Brett Beveridge

Printed or typed 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.

vace C-Kubi Grace E. Kirby, Asst. Vice President

Signature of a member or authorized representative of a member

Signature of Registered Agent

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