## 480000 41259

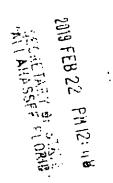
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER

TO:	Registration Section Division of Corporations	•	13.Cg					
SUBJE	Northwest Florida Mobile Nota	ary, LLC	7. T.					
5,01,01		Name of Limited Liability Company						
Dear S	Sir or Madam:		E. E. L. O. 19. 4					
The en	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	e C					
Please	return all correspondence concerning this	matter to the following:						
Karer	n J Murphy							
	Name of Person							
North	west Florida Mobile Notary, LLC							
	Firm/Company							
3913	Tiger Point Blvd							
	Address							
Gulf E	Breeze, FL 32563							
	City/State and Zip Code	<del></del>						
karen	n@nwfmobilenotary.com							
E	-mail address: (to be used for future annua	al report notification)						
For fur	rther information concerning this matter, pl	lease call:						
Karen	n J Murphy	at ()						
	Name of Person	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 an	mount:						
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18	8 (2/14)							

## 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

a)	3913 Tiger Point Blvd		(b) 3913 Tiger Point Blvd			
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			failing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	Gulf Breeze, FI 32563		Gulf Bree	eze, FL 32563		
	3/8/2018		L1800006	1259		
	Date of filing/registration in Florida	4.		Document number		
(a)	UNITED STATES CORPORATION AGEN	TS, IN	<b>C</b> .			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  AMBR					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		2019 F		
	TAMPA	L_3361	2	FEB 22 PH 12: 43		
b)	Karen J Murphy			me TO		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	address:	PM 12: 4:		
	Karen J Murphyh			m. A		
	NEW Registered Office Address:					
	3913 Tiger Point Blvd					
	Gulf Breeze, FL	3256	3			

Karen J Murphy

rauthorized representative of a member Signature of a member 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.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00