L18000 166456

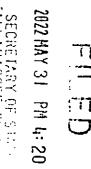
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(Socialite Nations)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE							
AUG - 9 2022							

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Mofire LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Vincenet Panipinto	
Name of Person	
Firm/Company	
2614 Tamaimi Trail North, Ste 112	
Address	
Naples, FL 34103	
City/State and Zip Code	
vince.mofire@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Vincent Panipinto 2.	39 825-2857
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
S25 Filing Fee	☐ \$55 Filing 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.

1. Na	ame of the limited liability company: Mofire LLC						
2. (a)	2614 Tamiami Trail North, Ste 112		(b)	2614 Tam	iami Trail	North, ste 1	12
(u)	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)		
	Naples, FL 34103			Naples, FI	. 34103		
	07/10/2018	· -	ı	.180001664	156		1022 555 541
3.	Date of filing/registration in Florida	4.	_		Docume	nt number	支持
5. (a)	LEGALINC CORPORATE SERVICES INC.						· 100 · 100
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				_ e:		PH 1: 20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		22	
	5237 SUMMERLIN COMMONS BLVD, Ste 300, Ste 400					. 0	
	Fort Myers	3390	7		_		
	, г.				-		
(b)	Vincent Panipinto						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	NEW Registered Office Address:				-		
	2614 Tamiami Trail North, Ste 112			<u> </u>	_		
	Naples FI	3410.	3				
change agent vas/was/was/was/was/was/was/was/was/was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability is authorized by an affirmative vote of the members of cless of organization or the operating agreement of the unite of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided all vireflect a change in the registered office address. It is a change of this change.	regis bility f the limite	tered con limited lia	I office an apany, it is ted liability con officers. In this capanete of my area of my area.	d the bus s hereby y compar npany. Printed of acity. I fidules, ar	iness office confirmed to y or as oth Anip, typed name arther agre	of the registered hat the change(s) erwise provided in of signee to comply with the iliar with and accent