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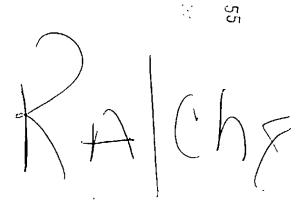
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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JUN 3 () 2020 LALBRITTOR

COVER LETTER

TO: Registration Section Division of Corporations	•
Noble Mobility, LLC SUBJECT:	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regist	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Joseph Leech	
Name of Pers	on .
Noble Mobility, LLC	
Firm/Compan	ny
PO BOX 422334	
Address	
Kissimmee, FL, 34742	
City/State and Zip	p Code
NobleMobility1@gmail.com	
E-mail address: (to be used for fi	uture annual report notification)
For further information concerning thi	s matter, please call:
Joseph Leech	407 791 - 2000 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the fo	ollowing amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FUR 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.

ı. Na	me of the limited liability company:	LLC						···		
2. (a)	6901 Old Lake Wilson Road		(b) PO BOX 422334							
s. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)							
	Davenport, F1, 33896		k -	Cissimmee	e, FL 34742					
	6/6/2020		LI	90000930	081					
3. 5. (a)	Date of filing/registration in Florida Jonise Medina	4.			Document nu	ımber				
). (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 6901 Old Lake Wilson Road									
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	(222		_					
	Kissimmee , 1	FL_33896			-	P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2020 JUN			
(b)	Joseph Leech Enter name of NEW Registered Agent and/or NEW Register	ed Office	addr	ess:	_		JUI 10			
	6901 Old Lake Wilson Road					٠.	PH 3:			
	NEW Registered Office Address:				_		: 55			
	Davenport	FI 33896	i		_					
change agent v was/wi the arti Signa I here provisi the obi	imited liability company is not organized under the cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member iclos of organization or the operating agreement of the florida limited agreement of the ere authorized representative of a member of a member of a member of a member and accept the appointment as registered agent and accept the appointment as registered agent and completing accept the appointment as registered agent as provided y reflect a change in the registered office address, d in writing of this change.	he regist liability s of the l he limite Jo gree to a le perfor ded for i	cred com limite d lia onise act ir man n Ch	office an pany, it is a liability con Medina at this cap ce of my apper 60:	Printed or type datity. I furth duties, and I	s office of t irmed that to as otherwined name of sign er agree to am familiar this docume	nee comply with an	tered age(s) ided in with the ad accept ing filed		