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SECRETARY OF STATI

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: MOBITEXTVERTS LLC			
Name of Limited I	Liability Company	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	following:		
Richard C Hall			
Name of Person			
MOBITEXTVERTS LLC			
Firm/Company			
1126 S Federal Hwy #1179			
Address			
Fort Lauderdale Florida 33316		202 SE	
City/State and Zip Code		CRET	
registrations@mobitextverts.com		長光 19	process A
E-mail address: (to be used for future annual report noti	fication)	150 F	[7]
For further information concerning this matter, please call:		2024 NOV 19 PM 12: 44 SECRETARY OF STATE TALLAHASSEE, FL	ļ.,,
Richard C. Hall	) 520-5251	, <sup>H</sup> -	
Name of Person	Area Code & Daytime Telephone Nun	nber	
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:			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ S25 Filing Fee

## 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	me of the limited liability company: MOBITEXTVER	RTS LLC					
2. (a	a)		(b	)				
<b>2</b> . (.	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	,	Mailing address of limited	d liability con	npany:	
		1126 S Federal Hwy #1179		1126 S Fo	ederal Hwy #1179			
		Fort Lauderdale, FL 33316	Fort Lauderdale, FL 33316					
		10/28/2022		L22000464	1221			
3.		Date of filing/registration in Florida	4.		Document number			
5. (	(a)	Richard C Hall						
٥. (	(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:			
		1611 S. Haimanita, Da. #172		-				
		4611 S University Dr #173  Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	``	_			
		Registered Office Addition	<u> </u>	L				
				<u> </u>	_			
		Davie, FI	33328			(A)	r\ <b>3</b>	
		,,,,	·		_	₹Ö.	61 AON 1303	
(1	b)	Richard C Hall				A A A	35	-7
(	.,	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	dress:	_	추코		*****
						一系型	9	, , ,
		1126 S Federal Hwy #1179				땅음	<b>T</b>	17
		NEW Registered Office Address:			_	CRETARY OF ST TALLAHASSEE, I	PH 12: 44	
						프롤	£	
					_	بسا	+	
		Fort Lauderdale , FI	L_33316		<u> </u>			
IC th	. 13	mited liability company is not organized under the la	wa af tha	State of El	lorida it is boroby oor	ofirmed the	. aftar :	ha
		or changes are made, the Florida street address of the						.nc
ager	it v	vill be identical. Or, in the case of a Florida limited li	ability co	mpany, it	is hereby confirmed the	hat the char	nge(s)	
		ere authorized by an affirmative vote of the members of organization or the operating agreement of the				erwise prov	'iaea in	
	4	Piet . A C 7LOR		ard C Hall				
Sig	 gnai	ture of a member or authorized representative of a member			Printed or typed name of	of signee		
		by accept the appointment as registered agent and ag	ree to act	in this car	••	Ū	with th	10
prov the c to m	viși obl ere	is accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address. I I in writing of this change.	performa ed for in C hereby co	ince of my Chapter 60 Infirm that	duties, and I am fami 5, F.S. Or, if this doc the limited liability c	iliar with ai cument is be company ha	nd acce sing file s been	ept ed
<u> </u>	_/	Kichard C Hall						