

R/ACNG
 NOV 30 2015
 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mobile Fingerprints Inc
Name of Corporation

DOCUMENT NUMBER: P00000080162

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Baller

Name of Contact Person

Mobile Fingerprints Inc

Firm/Company

25 Pine Cone Drive Ste 4

Address

Palm Coast, FL 32164

City/State and Zip Code

rballer@arborstaff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Baller

Name of Contact Person

at (386) 445-7701

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOBILE FINGERPRINTS INC
2. The principal office address: 25 Pine Cone Drive
suite 4 Palm Coast, FL 32164
3. The mailing address (if different): PO Box 352015
Palm Coast, FL 32135
4. Date of incorporation/qualification: 08/25/2000 Document number: P00000080162
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

26 WEST CEDAR LANE
PALM COAST, FL 32164

FRANK CANTANNO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 25 AM 8:14

FILED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

25 PINE CONE DRIVE
SUITE 4

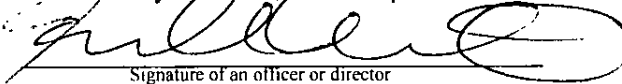
FRANK CANTANNO

P.O. Box NOT acceptable

PALM COAST, FL 32164

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

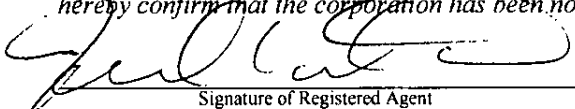


Signature of an officer or director

FRANK CANTANNO, OFFICER

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11/23/2015

Date

If signing on behalf of an entity:

FRANK CANTANNO

Typed or Printed Name

*** FILING FEE: \$35.00 ***