P020100013841

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
, .9	Office Use Only			



800265154708

10/10/14--01018--005 **35.00

OCT 23 2014 T. CARTER SECRETARY OF STATE
TALLAHASSEE. FLORIDA

14 OCT 10 PM 12: 02

RAJ RO change

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: MOBILE MIKE PROMOTIONS, INC.					
Name of Corporation					
DOCUMENT NUMBER: P02000013841					
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:					
P Velez					
Name of Contact Person					
Mobile Mike Promotions, Inc.					
Firm/Company					
701 Brickell Key Boulevard					
Address					
Miami, FL 33131					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
P Velez					
Name of Contact Person at (
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <mark>Floric</mark> stered agent, or both, in the State of Floric	da			
		3	aa.			
	the corporation: MOBILE MIKE Poffice address: 701 BRICKELL K					
MIAMI, F	1 33131		<u> </u>			
3. The mailing a			······································			
4. Date of incorporation/qualification: 2/1/2002 Document number: P0200001384						
	I street address of the current registered rument of State: (If resigned, enter resign	agent and registered office on file with the	ne 	7.0		
	Resigned		4 OCT	SECR VLLA		
			3 =	ETAF HAS		
			0 9	SEE.		
6. The name and (if changed):		ent (if changed) and /or registered office	PM 12: 02	STATE FLORIDA		
	P. VELEZ					
701 BRICKELL KEY BOULEVARD						
	P.O. Box NOT acceptable MIAMI, FL 33131					
as changed will	ess of its registered office and the street be identical.	t address of the business office of its regi	istered a	igent,		
Such change was authorized by the	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an office of the change.	er so			
fu	re of an officer or director	P. Velez				
I further agree to performance of	the appointment as registered agent ar o comply with the provisions of all stat my duties, and I am familiar with and i	••	: egistere iress, I	d		
P veles		October 3, 2014				
	nature of Registered Agent	Date				
Ty	ped or Printed Name					

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