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| (Re                     | equestor's Name)       |                  |
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| PICK-UP                 | ☐ WAIT                 | MAIL             |
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| (Bu                     | ısiness Entity Nan     | ne)              |
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| (D_a                    | ocument Number)        |                  |
| (DC                     | cument Number)         |                  |
|                         |                        |                  |
| Certified Copies        | Certificates of Status |                  |
|                         |                        |                  |
| Special Instructions to | Filing Officer:        |                  |
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Office Use Only



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SECRETARY OF STATE

officer Resignation

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: MOBE INC (Name of Corporation)                                                                                                                                                                                     |
| DOCUMENT NUMBER:                                                                                                                                                                                                            |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.                                                                                                                               |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                   |
| TOSHUA BECKER  (Name of Person)                                                                                                                                                                                             |
| MOBE INC (Name of Firm/Company)                                                                                                                                                                                             |
| 501 S. STATE RD 7 (Address)                                                                                                                                                                                                 |
| PLANTATION FL 3.3317 (City/State and Zip Code)                                                                                                                                                                              |
| For further information concerning this matter, please call:                                                                                                                                                                |
| TosH DFLKER at (305) 978-4446  (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                      |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.                                                                                                                                            |
| Street Address:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| l, | JOSHUA BECKER, hereby resign as VICE Presedent                                       | 2 |
|----|--------------------------------------------------------------------------------------|---|
| of | MOBE INC. (Name of Corporation)                                                      |   |
|    | , a corporation organized under the laws of the State of (Document Number, if known) |   |
|    | FLORIDA TERME T                                                                      |   |
|    | SSE ED                                                                               |   |
|    | (Signature of resigning officer/director)                                            |   |

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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