P060000177828

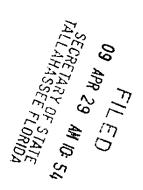
(Requestor's Name)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing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



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04/29/09--01008--012 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT MO	sha Ina			
SUBJECT: MO	Name (Name	of Corporation)		
DOCUMENT N	UMBER: P06000077828			
The enclosed Stat	ement of Change of Registered C	Office/Agent and fe	ee are submitted for filing.	
Please return all c	correspondence concerning this m	atter to the follow	ing:	
	Jo	oseph Moro f Contact Person)		
	(Name of	Contact Person)		
Mobe, Inc (Firm/Company)				
		• • •		
	501 So	uth State Road	7	
	(Address)		
	Plantation (City/Sta	FL ite and Zip Code)	33317	
For further inform	nation concerning this matter, ple	ase call:		
	Joseph Moro Iame of Contact Person)	at (95∠) 584-5786	
(N	lame of Contact Person)	(Area C	584-5786 Code & Daytime Telephone Number	
Enclosed is a \$35	.00 check made payable to the Do	epartment of State.		
	Mailing Address: Amendment Section	<u>Str</u>	eet Address:	
	Amendment Section Division of Corporation		rendment Section rision of Corporations	
	P.O. Box 6327		fton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the corporation: Mobe, Inc	
2. The principal office address: 501 S SR 7 Pla	ntation, FL 33317
3. The mailing address (if different): same	
4. Date of incorporation/qualification: 06/06/200	6 Document number: P06000077828
5. The name and street address of the current register Florida Department of State: (If resigned, enter re	
Joseph Moro	
501 S State Rd 7	
Plantation, FL 33317	O9 AP
6. The name and street address of the new registered (if changed):	APR 29 AM ASSEE FLC
Joshua Becker	F S FAT
19370 Collins Ave PH25C	54 100 M
(P.O. Box NOT acc Sunny Isles, FL 33160	eptable)
The street address of its registered office and the sa changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly ac authorized by the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an officer or director)	Joseph Moro (Printed or typed name and title)
I hereby accept the appointment as registered age I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
(Signature of Registered Agent)	4/24/09 (Date)
If signing on behalf of an excity:	(Surv)
(Typed or Printed Name)	

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