## P1400055030

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Cassial Laboration A. Elling Officer
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
	M 12 M 12 O 1 I I	
SUBJ	ECT: Mobile Mobile Orlando Inc.	
Name	of Corporation	
DOC	UMENT NUMBER: P14000055030	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Curt	Brown	
Name	of Contact Person	
BizC	ounsel, Inc.	
Firm/	Company	<del></del>
	Sunset Blvd., Suite 505	
Addre	rss	<del></del>
Los A	Angeles, CA 90028	
City/S	State and Zip Code	
	bvalerus@gmail.com	
E-ma	il address: (to be used for future annua	report notification)
For fu	orther information concerning this matter,	please call:
Curt	Brown	at (
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida		
in order	r to change its registered office or registered agent, or both, in the State of Florida.  Mobile Mobile Orlando Inc.		
1. The name of the	he corporation:		
2. The principal	2477 S. Orange Blossom Trail, Orlando, FL 32805 office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: Document number:		
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)		
	Valerus, Bianca Lynn		
2477 S. Orange Blossom Trail			
	Orlando, FL 32805		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
Uniated Agent Services LLC			
	15421 N Florida Ave., Suite A		
	P.O. Box NOT acceptable Tampa, FL 33613		
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
	Binney Valeins President		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.		
GOS.	S/11/20  Date		
If signing on bel			
Mobile Mobile (			
Ty	ped or Printed Name		
	* * * FIV INC TIPE - 625 00 * * *		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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