

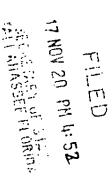
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: GIZMUBI ED	Name of Corporation
	Name of Corporation
DOCUMENT NUMBER:	4000078173
The enclosed Statement of Change of I	Registered Office/Agent and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:	
H Bi	ZIAH JUUGE Name of Contact Person
	Name of Contact Person
	MOBI ENTERPLISES Firm/Company
2121/4	2
<u> </u>	Address Address
(AND O	LACES A 34637 City/State and Zip Code
E-mail address (to be used for future annual report notification)	
r-man address; (to be used to future annual report normeation)	
For further information concerning this	s matter, please call:
LUCRETIA JUNGE	at (E13) 316.1156  Area Code & Daytime Telephone Number
Name of Contact Perso	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made paya	ble to the Department of State.
<u>Mailing Ad<b>dr</b></u> Amendments	Section Street Address: Amendment Section
Amenaments Division of C	
P.O. Box 632	
Tallahasse	
	Tallahassee, FL 32301

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

Pursuant to the provision's of section	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	corporation organized under the laws of the State of <u>HOLOH</u>
in order to change its regist	red office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	17mobi ENTERPRISES CORP.
2. The principal office address: 🙈 🏿	1/4 GARDEN WALK UP
LAND O LAKES	1, R 34637
3. The mailing address (if different):	
4. Date of incorporation/qualification	9/19/14 Document number: \$1\$4666678173
5. The name and street address of the Florida Department of State: (If re	current registered agent and registered office on file with the gned, enter resigned)
JOSE	5. lamos
2344	PRESTOVER (N.
WSIEG 4	HARL, FL 33544
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office To
BRIA	JUNGE 52
21716 GA	COEV WALK COOP P.O. Box NOT acceptable
LAND OC	1065, FL 34637
The street address of its registered or is changed will be identical.	ffice and the street address of the business office of its registered agent.
Such change was authorized by resonauthorized by the board or the purpo	ution duly adopted by its board of directors or by an officer so
Signature of an officer of director	LUCKETH JUNGE: MESINOUT
hereby occupt the appointment as r further agree to comply with the properties of my duties, and I am pagent. Or, if this document is being	egistered agent and agree to act in this capacity.  byisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I  has been notified in writing of this change.
hereby confirm that the corporation	has been notified in writing of this change.
Sagnature of Registered Agent	Date Date
f signing on behalf of an entity:	
Typed or Printed Name	
	* * FILING FEE: \$35.00 * * *
MAKE CHECK Mail, to: Division of ( JR2E045 (03/12)	PAYABLE TO FLORIDA DEPARTMENT OF STATE SORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)