

P 9900007354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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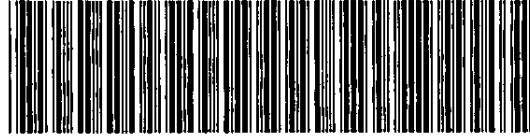
(Business Entity Name)

(Document Number)

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R. White

NOV 30 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOBILITY FREEDOM, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P99000017354

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:

STEPHANIE PELLETIER

Name of Contact Person

MOBILITY FREEDOM, INC.

Firm/Company

54 WENTWORTH AVENUE

Address

LONDONDERRY, NH 03053

City/State and Zip Code

STEPHANIE.PELLETIER@HASCAMED.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE PELLETIER at ( 603 ) 552-5538

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOBILITY FREEDOM, INC.
2. The principal office address: 20354 US HIGHWAY 27  
CLERMONT, FL 34715
3. The mailing address (if different): 54 WENTWORTH AVE.  
LONDONDERRY, NH 03053
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P99000017354
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HAL COMPTON JR.

20354 US HIGHWAY 27

CLERMONT, FL 34715

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM M. KOEBLITZ

20354 US HIGHWAY 27

P.O. Box NOT acceptable

CLERMONT, FL 34715

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Taylor F. Clark, Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

Nov. 19, 2015  
Date

If signing on behalf of an entity:

MOBILITY FREEDOM, INC.

Typed or Printed Name

**\*\*\* 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 (03/12)

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