1-14000045666

(Requestor's Name)		
(Address)		
(Ac	dress)	
. (Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600277036486

L/4-45666 Change of RA/RO



NOV 17 2015 N. CAUSSEAUX



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

HEIDI HOWARD TANDY, ESQUIRE SUITE 360, 1691 MICHIGAN AVENUE MIAMI BEACH, FL 33139

SUBJECT: PRODUCTIVE MIND, LLC

Ref. Number: L14000045666

We have received your document for PRODUCTIVE MIND, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00019925

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

•	•	
TO: Registration Section Division of Corporations	_	
SUBJECT: YOU TO Name of Limited	I Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Hein, Tonds	·	
Name of Person		
Suite 360		
Firm/Company		
1691 Michigan Are		
Man, Beach, F 2 City/State and Zip Code	3139	
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, please call:		
Hin Tong at (3) Name of Person	Area Code & Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
№ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (b) ff and/or NEW Registered Office address Enter name of NI **NEW** Registere If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of olganization or the operating agreement of the limited liability company Signature of a member of authorized representative of a member 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in whiting of this enange. Signature of Registered Agent