

L15000147062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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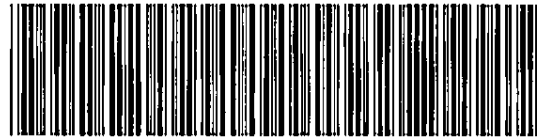
(Business Entity Name)

(Document Number)

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NOV 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

LAUREN RAMIREZ
1050 US HWY 27 UNIT 9
CLERMONT, FL 34714

SUBJECT: NEUMIND WELLNESS GROUP L.L.C.
Ref. Number: L15000147062

We have received your document for NEUMIND WELLNESS GROUP L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00023022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEUMIND WELLNESS GROUP L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Ramirez

Name of Person

NEUMIND WELLNESS GROUP L.L.C.

Firm/Company

1050 US HWY 27 Unit 9

Address

Clermont, FL 34714

City/State and Zip Code

DrRamirez@neumind.com

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

For further information concerning this matter, please call:

Lauren Ramirez at (352) 394-0573
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

**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 Florida.

1. Name of the limited liability company: NEUMIND WELLNESS GROUP L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1050 US HWY 27, UNIT 9

CLERMONT, FL 34714

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

P.O. BOX 137901

CLERMONT, FL 34713

08/27/2015

L15000147062

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lauren Mitchell Ramirez

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2115 GREAT FALLS WAY

ORLANDO, FL 32824

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Lauren Mitchell Ramirez

NEW Registered Office Address:

325 Samuel Street

Davenport, FL 33897

13
:00:19
PM 11:49

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 organization or the operating agreement of the limited liability company.

Lauren M Ramirez 11/16/18 Lauren Mitchell Ramirez
Signature of a member or authorized representative of a member Printed or typed name of signer

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 writing of this change.

Lauren M Ramirez Lauren M Ramirez 11/16/18
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00