

5000 208 069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



500338295945

12/26/19--01009--006 +\$25.00

JAN 27 2020

S. YOUNG

FILED  
19 DEC 26 AM 7:16  
Filing Office, Nevada

# COVER LETTER

Registration Section  
Division of Corporations

Moonfall Games LLC

Name of Limited Liability Company

Madam:

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

All correspondence concerning this matter to the following:

Name of Person

Moonfall Games LLC  
Firm/Company

1000 Circle  
Address

Tallahassee, FL 32310  
City/State and Zip Code

moonfallgames@gmail.com

Home address: (to be used for future annual report notification)

For information concerning this matter, please call:

Name of Person at (239) 595-7627  
Area Code & Daytime Telephone Number

## Filing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

## Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

1)

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

the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company  
following statement in order to change its registered office or registered agent, or both, in the State of Florida.

of the limited liability company: Moonfall Games LLC

7TH STREET

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

BONITA SPRINGS, FL 34134

(b) 39 6TH STREET

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

BONITA SPRINGS, FL 34134

5/2015

Date of filing/registration in Florida

4.

L15000208069

Document number

James Patrick Beans

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7th Street

Bonita Springs, FL 34134

name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Registered Office Address:

10 Marcello Circle

James Beans, FL 34110

If liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the  
changes are made, the Florida street address of the registered office and the business office of the registered  
agent are identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  
is/are 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.

James Beans

a member or authorized representative of a member

James Beans

Printed or typed name of signee

I 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 responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed  
to effect a change in the registered office address, I hereby confirm that the limited liability company has been  
authorized by the members to effect this change.

James Beans

Registered Agent