

16000006881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

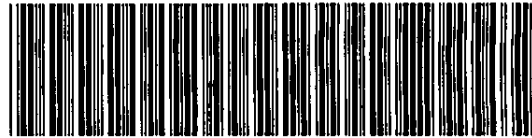
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

CHRISTOPHER MCDANIEL
6028 WESTGATE DR #201
ORLANDO, FL 32835

SUBJECT: ALPHA BRAIN FILMS, LLC
Ref. Number: L16000006557

RECEIVED
2017 FEB 13 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALPHA BRAIN FILMS, 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):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 617A00001926

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA BRAIN FILMS
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:

CHRISTOPHER MCDANIEL

Name of Person

ALPHA BRAIN FILMS

Firm/Company

6028 WESTGATE DR #201

Address

ORLANDO, FL 32835

City/State and Zip Code

ALPHABRAINFILMS@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER MCDANIEL at (407) 697-7993

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

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TALLAHASSEE, FLORIDA

**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: ALPHA BRAIN FILMS
2. (a) 6028 WESTGATE DR #201 (b) 6028 WESTGATE DR #201

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ORLANDO, FL 32835

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32835

3. 01/08/16 Date of filing/registration in Florida
4. L16000006557 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINDING OAKS CT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE A

TAMPA, FL 33612

- (b) CHRISTOPHER MCDANIEL

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

6028 WESTGATE DR #201

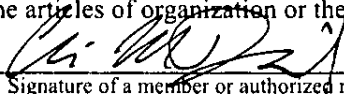
NEW Registered Office Address:

~~6028 WESTGATE DR #201~~

ORLANDO, FL 32835

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

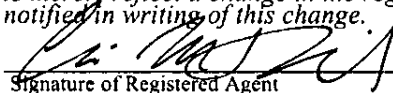


Signature of a member or authorized representative of a member

CHRISTOPHER MCDANIEL

Printed or typed name of signee

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.



Signature of Registered Agent