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| (Req | uestor's Name) | |
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| (Add | ress) | |
| bbA) | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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SECRETARY OF STATE
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D. BRUCE JAN 0 9 2017

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Mind The Moment, LLC 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: | |
| Andrea Lubell | |
| Name of Person | |
| Mind The Moment, LLC Firm/Company | |
| 930 Jeffprson St Address | |
| Hollywod, FL 33019 City/State and Zip Code | |
| Andread Lubell Group, com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Andrea Lobell at (954) 559 811) 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 | |

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 Florida.

| 1. Na | ame of the limited liability company: Mincl The Mo | ment | LLC | <u> </u> | |
|--|--|---|---|--|------------------------------------|
| 2. (a) | | | | | |
| ` , | Principal office address of limited liability company: Mai | ling address of limit | | | |
| | | Note: MAY BE PO | <u>SI OFFIC</u> | <u>Ε ΒΟλ</u>) | |
| | Hollywood FL 33019 | | | | |
| | | | | | |
| | 1/12/2016 | 400000 | 8116 | 0 | |
| 3. | | ocument number | r | | |
| 5. (a) | United States Corporate Agents, Inc. | | | | |
| () | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| | 13302 Winding Oak CH H | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | Tampa, FL 33612 | | | | |
| | , FL | | _ | | |
| | | | <u> </u> | 2017 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | Ž | (| |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | iár ASS | JAN - 6 | |
| | 930 Jefferson St | | 五四五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五 | 6 > | Щ |
| | NEW Registered Office Address: | | <u> </u> | \Box | U |
| | Hollywood | | Ş# | <u>-</u> S | |
| | 5 33019 | | • | | |
| | , FL | | | | |
| the cha agent v was/wa | limited liability company is not organized under the laws of the State of Floridange or changes are made, the Florida street address of the registered office as will be identical. Or, in the case of a Florida limited liability company, it is here authorized by an affirmative vote of the members of the limited liability cicles of organization or the operating agreement of the limited liability company. | nd the business of ereby confirmed ompany or as of any. | office of that the herwise p | the regi change | istered (s) |
| Signa | fure of a member or authorized representative of a member Pr | rinted or typed name | e of signee | | |
| I/hered provisi the obl to mere notified | by accept the appointment as registered agent and agree to act in this capacitions of all statutes relative to the proper and complete performance of my duligations of my position as registered agent as provided for in Chapter 605, Fely reflect a change in the registered office address, I hereby confirm that the d in striting of this change. | ity. I further agr ties, and I am fa F.S. Or, if this d Imited liability | ee to cor miliar wi ocument compan | nply wi th and is being y has b | th the accept 3 filed een |

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

Signature of Registered Agent