## h16000154686

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Entry Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

AUG 1 8 2002

July 14, 2022

ELLIE BARRENECHE 1 WALKING HORSE DR NW ROME, GA 30165

SUBJECT: MIND OVER LEGAL MATTER LLC

Ref. Number: L16000154686

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

The document submitted is too light. Please complete the enclosed from.

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 (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 722A00015769

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mind C	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ellie Barreneo	the
Firm/Company  1 Walking Horse  Address	Dr NW
Rome, GA 3  City/State and Zip Code  mindover legal matte	0165 SSEE, FL
E-mail address: (to be used for future annu- For further information concerning this matter, p	
	- at ( 407) 579-533    Area Code & Daytime Telephone Number
Mailing 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

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.

l. Na	me of the limited liability company: Mind Over Legal Matter LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	08/17/2016       L16000154686         Date of filing/registration in Florida       4. Document number
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Haso Brookside Drive  Pensacola FL 32503  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Nicole Reid, Esg NEW Registered Office Address: 120 East 4th Avenue Suite B-2
	Mt. Dora FL 32757
change agent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	llie Barreneche  autre of a member or authorized representative of a member  Ellie Barreneche  Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ións of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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