

L17000230033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

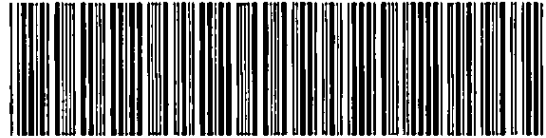
(Business Entity Name)

(Document Number)

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2018 NOV 30 PM 2:10  
SECURITY DIVISION  
FALL BRIDGE, VA

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NOV 30 2018  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MMGI, 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:

Wesley Mills

Name of Person

Mills Primary Care & Sports Medicine, P.A.

Firm/Company

8075 Gate Pkwy. W., Ste. 202

Address

Jacksonville, FL 32216

City/State and Zip Code

wesmills@comcast.net

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

For further information concerning this matter, please call:

Wesley Mills at ( 904 ) 382-5396

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2018

WESLEY MILLS  
8075 GATE PKWY W  
STE. 202  
JACKSONVILLE, FL 32216

SUBJECT: MMGI, LLC  
Ref. Number: L17000230033

We have received your document for MMGI, 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 Florida Profit Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 418A00023865

RECEIVED

2018 NOV 30 AM 10:36

CLERK OF  
TALLAHASSEE

**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: MMGI, LLC
2. (a) 3007 Bari Ct. Jacksonville, FL 32246  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 3007 Bari Ct. Jacksonville, FL 32246  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 11/07/2017 Date of filing/registration in Florida
4. L17000230033 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 Oak Ct.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste. A

Tampa, FL 33612

- (b) Wesley Mills  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8075 Gate Pkwy. W.

NEW Registered Office Address:

Ste. 202

Jacksonville, FL 32216

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.

11/26/18  
Signature of a member or authorized representative of a member

Wesley Mills, CEO

11/26/18  
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.*

11/26/18  
Signature of Registered Agent

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