

L19 000 190635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

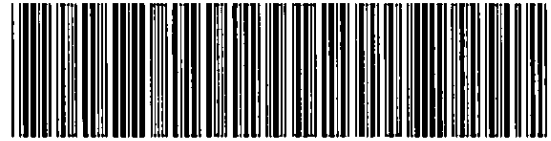
(Business Entity Name)

(Document Number)

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SEP 15 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mental Game Athlete, 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:

Brandon Stokes
Name of Person

Mental Game Athlete
Firm/Company

14755 KRISTENRIGHT LN.
Address

Orlando, FL 32826
City/State and Zip Code

brandonstokes333@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Stokes at (561) 702-2855
Name of Person 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 - *PREVIOUSLY SENT + PROCESSED ALREADY **
- \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2020

BRANDON STOKES
14755 KRISTENRIGHT LN.
ORLANDO, FL 32826

SUBJECT: MENTAL GAME ATHLETE LLC
Ref. Number: L19000190635

We have received your document for MENTAL GAME ATHLETE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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: 220A00012776

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: Mental Game Athlete, LLC

2. (a) 14755 KRISTENRIGHT LN. (b) 14755 KRISTENRIGHT LN.

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Orlando, FL 32826

Orlando, FL 32826

3. 8-7-2019
Date of filing/registration in Florida

4. EIN: 84-2639946
Document number

5. (a) United States Cooperation Agent, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 SOUTH SEMARAN BLVD.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 36
Orlando, FL 32822

(b) BRANDON STOKES
Enter name of NEW Registered Agent and/or NEW Registered Office address:

14755 KRISTENRIGHT LN.
NEW Registered Office Address:

Orlando, FL 32826

2020
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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]
Signature of a member or authorized representative of a member

Brandon Stokes
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]
Signature of Registered Agent