

L20 000026478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

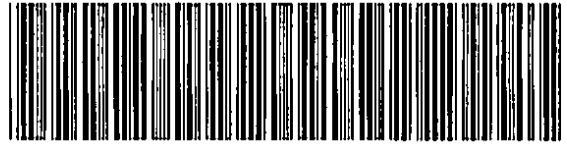
(Business Entity Name)

(Document Number)

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AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MENTA 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:

ANA MARIA LLOPART CUETO
Name of Person

MENTA LLC
Firm/Company

2700 W CYPRESS CREEK ROAD, STE D104
Address

FORT LAUDERDALE, FL 33064
City/State and Zip Code

info@mentacorp.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MARIA LLOPART CUETO at (561) 4610364
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
- \$55 Filing Fee & Certified Copy

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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: MENTA LLC

2. (a) 2700 W CYPRESS CREEK RD STE D104 (b) _____
 Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

FORT LAUDERDALE FL 33309 _____

3. 01/15/2020 4. L0000026478
 Date of filing/registration in Florida Document number

5. (a) ANA MARIA C LLOPART
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

300 OREGON STREET APT 407
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
HOLLYWOOD, FL 33019

(b) Ana Maria Llopart Cueto
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

2700 W CYPRESS CREEK ROAD STE D104
NEW Registered Office Address:

FORT LAUDERDALE, FL 33309

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 TALLAHASSEE, FL

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.

Ana Llopart ANA MARIA LLOPART CUETO
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Ana Llopart
 Signature of Registered Agent