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S		Division of Corporations	
	35	Fax Number : (850)617-6383	F (
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	∵ From:		, s ;
ä	نساء	Account Name : REGISTERED AGENTS INC.	(73
_	سداً س	Account Number : I2009000081	/ የነገ - ! ነገ :
36	SS	Phone : (307)200-2803	
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S.	**Enter the e	mail address for this business entity to be used for	rutu rę ".
	annual	report mailings. Enter only one email address please.*	*

Email Address:_____

LLC REGISTERED AGENT CHANGE CYBERMIND LLC

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S. PRATHER

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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. N	ame of the limited liability company: Cybermir	nd LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)			
	08/04/20	 	0234542		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	, LEGALINC CORPORATE SERVICES INC.				
	J	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	5237 SUMMERLIN COMMONS				
	Registered Office Address (MUST BE FLORIDA STREET)		921 1921		
	SUITE 400		PRI AUS 30 AM		
	FORT MYERS FL 33907				
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	_	E. S. 13		
	7901 4th St N				
	NEW Registered Office Address:	_			
	STE 300				
	St. Petersburg	33702			
the cl agent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	t the registered off lability company. I of the limited liab	it is hereby confirmed the lity company or as other	at the change(s)	
	TR: Kung Park	Riley Park			
	nature of a member or authorized representative of a member		Printed or typed name of		
provi the or to me notiff	teby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address. I ted in writing of this change. Bill Havre - Assistar				
<u> </u>	ture of Registered Agent	it ocorotary			