M1400000)5355

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Name	e)			
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16 DEC 19 PH 2: 01 SECRETARY OF STATE

D. SCOTT DEC 21 2016

COVER LETTER

SUBJECT: ELEMIND LLC Name of	Limited Lis	ability Company	
Dear Sir or Madam:		,,	
The enclosed Registered Agent/Registered Office C	Thange and	fee(s) are submitted for filing	
· · · · ·	-		
Please return all correspondence concerning this ma	atter to the t	ollowing:	
Donna Bertucci			etik 🚗
Name of Person		_	ACCR
Company Discret Inc			
Corporate Direct, Inc			HASSEE EC 19
Firm/Company	~		
2248 Meridian Blvd. Suite H			DONU 11VIE
Address		_	
김 전기에 대한다면 사고 이 사람들이 되었다.	£7 .2	259. 福克尔克拉克克克克克	
Minden, NV,89423	Carrier 1		
City/State and Zip Code		_	
info@corporatedirect.com			
E-mail address: (to be used for future annual r	report notifi	 cation)	
For further information concerning this matter, plea	ase call:		
Donna Bertucci	, 775	782-2201	
Name of Person	t (Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
	P.O. Box 6327		
Clifton Building	Tallahassee, Florida 32314		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tal	adiassee, Piolida 32314	
2661 Executive Center Circle Tallahassee, Florida 32301			

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: ELEMIND LI	LC		
2. (a)			(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u>N</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 EAST SIMPSON AVE, BOX 2869		60 EAST	SIMPSON AVE, BOX 2869
	JACKSON, WY 83001		JACKSC	N, WY 83001
	07/28/2014		M140000	05355
3.	Date of filing/registration in Florida	4.	 	Document number
5. (a)				
J. (L)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of State	∷
	Gerri Detweiler			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	
	1037 Greystone Lane			
	Sarasota , F.	L 3423	2	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		····	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	
	REGISTERED AGENTS INC.			FILED.
	NEW Registered Office Address:			
	3030 N. Rocky Point Drive, STE 150A			
	Tampa	, 3360)7	
		L		
signal I here provis the obto mer notifie	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the attraction of a member or authorized representative of a member and agriculture of a member and complete ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. Bill Hayre/Assistant Sec.	of the regiability of the limited elimited elimited elimited elimited elimited elimited elimited elimited for in thereby	gistered office company, it is mited liability I liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee
	Bill Havre/Assistant Secure of Registered Agent	.i e ta i y		

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