

M1700000698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

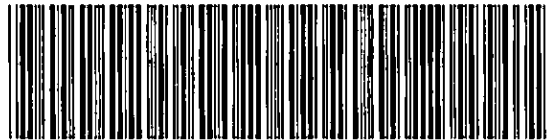
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400310234154

03/13/18--01004--003 \*\*25.00

RECEIVED

MAR 12 2018

FILED

2018 MAR 12 A 10:12  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

D. SCOTT  
MAR 14 2018

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Rolando B. Pablos  
Secretary of State

## Office of the Secretary of State

December 29, 2017

Attn: Charles A Moster

Charles A Moster  
4920 S. Loop 289  
Lubbock, TX 79414 USA

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RE: Stretch Performance Psychology, LLC  
File Number: 802329325

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure

FILED  
2018 MAR 12 AM 10:12  
FALLS CHURCH, TEXAS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stretch Performance Psychology, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles A. Master, Attorney-in-fact

\_\_\_\_\_  
Name of Person

The Moster Law Firm, PC

\_\_\_\_\_  
Firm/Company

4920 S Loop 289, Ste 101

\_\_\_\_\_  
Address

Lubbock, Texas 79414

\_\_\_\_\_  
City/State and Zip Code

lcrafft@themosterlawfirm.com

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

For further information concerning this matter, please call:

Lindsey B. Craft, Attorney-in-fact

806

778-6486

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

RECEIVED  
MAR 12 2019

2019 MAR 12 AM 12

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

**A Game Psychological Services, LLC**

State: \_\_\_\_\_

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address**

**MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address**

**MAY BE A POST OFFICE BOX)**

**M17000006698**

2. The Florida document number of this limited liability company is: \_\_\_\_\_

**Texas**

3. Jurisdiction of its organization: \_\_\_\_\_

**8/4/2017**

4. Date authorized to do business in Florida: \_\_\_\_\_

**SECTION II (5-9 complete only the applicable changes)**

**Stretch Performance Psychology, LLC**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

**Florida**

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/Charles A. Moster

\_\_\_\_\_  
Signature of the authorized representative

Charles A. Moster, Attorney-in-fact

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Stretch Performance Psychology, LLC  
802329325

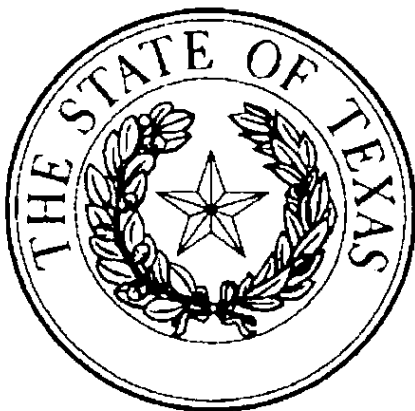
[formerly: A Game Psychological Services LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 12/28/2017

Effective: 12/28/2017



FILED  
2018 MAR 17  
12  
Rolando B. Pablos  
Secretary of State

Form 424

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: See instructions



**Certificate  
of Amendment**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 802329325 12/28/2017  
Document #: 784793940005  
Image Generated Electronically  
for Web Filing

**Entity Information**

The filing entity is a: **Domestic Limited Liability Company (LLC)**

The name of the filing entity is: **A Game Psychological Services LLC**

The file number issued to the filing entity by the secretary of state is: **802329325**

**Amendment to Name**

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

**Stretch Performance Psychology, LLC**

A letter of consent, if applicable, is attached.

**Statement of Approval**

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing**

☒ A. This document becomes effective when the document is filed by the secretary of state.

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: **December 28, 2017**

**/Charles A. Moster/**

Signature of authorized person

FILING OFFICE COPY