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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.	Na	me of the limited liability company: Andl Dlamond	Photo	graphy, I	LLC	<u>.</u>
	` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	-)	Mailing address of limited liability (Note: MAY BE POST OFFIC	
		305 South MacDill Avenue		305 So	uth MacDill Avenue	
		Tampa, FL 33609	_	Tampa,	, FL 33609	
		01/07/2017		L080000	077630	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
		Registered Agent and Registered Office shown on the records of the Natalle C. Annis	ne Floridi	Dept. of State	ato:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	 #2.	
	201 North Franklin Street, Sulte 2000				, 1,40 	-4 ;
		Tampa	33602		- ,	5
				iga.	- - - - - - - - - - - - - -	
	(b)			<u></u>		en similar
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		James W. Goodwin			Carlo man	<u> </u>
		NEW Registered Office Address:			- Silver (٥
201 North Franklin Street, Suite 2000						
		Tampa pr (22202			
		, FL.	33602		_	
If the age was the	he li cha: nt w s/we artic	mited liability company is not organized under the law- inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of the line of organization or the operating agreement of the line.	the regist bility co the lim imited i	stered offic ompany, it i lited liabilit is lity con	ee and the business office of this hereby confirmed that the city company or as otherwise propany.	that after he registered change(s) rovided in
	lanut	uro of a member of authorized tepresentative of a member	Jan —	nes W. G		
					Printed or typed name of signee	
pro the to i	obli nere ifled	y accept the appointment as registered agent and agre has of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act perform for in (ereby c	in this cap ance of my Chapter 603 onfirm that	pacty. I further agree to come dutles, and Lam Jamiliar with S. F.S. Or, if this document is the limited liability company.	ply with the h and accept s being filed has been
		- xywn-				
Sig	natur	e of Registered Agent		ř		

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