## M04000003747

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ry/State/Zip/Phone	<b>→ #)</b>	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer.			

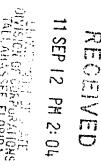
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CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173		
FILING COVER S ACCT. #FCA-14	SHEET	1 St 12 m 2 32
CONTACT:	Kim Weidenbach	
DATE:	09/09/11	
REF. #:	000638.154052	
CORP. NAME:	GROWING FAMILY PORTRAITS, LLC	
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC	( ) TRADEMARK/SERVICE MARK	
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF C	CANCELLATION	
STATE FEES PE	REPAID WITH CHECK# 54146	
AUTHORIZATI	ON FOR ACCOUNT IF TO BE DEBITE	D:
	COST LII	MIT: \$
PLEASE RETUR	RN:	
( ) CERTIFIED COPY ( ) CERTIFICATE OF	( ) CERTIFICATE OF GOOD STANDING STATUS	( XX) PLAIN STAMPED COPY

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: GROW	ING FAMILY PORTRAITS, LLC
2. (a) Principal office address of limited liability company	23 Vreeland Road, Suite 1602
(Note: MUST BE STREET ADDRESS)	
	Florham Park, NJ 07932
(b) Mailing address of limited liability company:	23 Vreeland Road, Suite 160 ~
(Note: MAY BE POST OFFICE BOX)	
	Florham Park, NJ 07932
September 13, 2004	M0400003747
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, Florida 33324
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	National Corporate Research, Ltd., Inc.
NEW Registered Office Address:	515 East Park Avenue
MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
	,FL 3230)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
Signature of a member or authorized representative of a member	_
_ Robert Cohen	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

INHS18 (05/08)