## 105000034840

(Requestor's Name)	
(Address)	
(Address)	
( ladioss)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(========,	
Outflied Outlier	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500148522925

04/06/09--01007--020 \*\*55.00

FILED
2009 APR -6 AM 10: 36
SECRETARY OF STATE

T. CLINE
APR -7 2009
EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Teri Kovars Pho- (Name of Limite	togrophy LLC ed Biability Company)
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Ch  Please return all correspondence concerning this matter	
Teresa M. Kovacs (Name of Person)	<del></del>
Tevi Kovacs Photograph	J LLC .
2436 N. Federal Hwy. #	1383 AHASSEE
Lighthouse Point F1. 3306 (City/State and Zip Code)	OF STATE E. FLORIDA
For further information concerning this matter, please	e call:
Teri Kovacs at (A	757) 781-3007 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

\$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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:	Kovacs Photography, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: <u>2436 N. Federal Huy.</u> #323 <u>Lighthouse Point</u> , Fl. 33064
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2436 N. Federal Huy #383 Lighthouse Point, Fl. 33064
3. Date of filing/registration in Florida	<u>L 05000036840</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Logal Zoom Nevada Inc.
Registered Office Address:	44W. Flagler St. Svile 675 Miami, Fl. 331365
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Tevesa H. Kovaca &
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Lighthouse Point, FL 33064
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Tevesa M. Kovacs (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may a registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	

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