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S. WARREN MAR 3 0 2018

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beaut: Ful Name of 1	IMAGE LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this materials	tter to the following:
Name of Person	?
Beauf. Ful I MA. Firm/Company	
113-01 5. EAS Address	tern are ste 110
Henderson N	11 89157
City/State and Zin Code	eport notification)
For further information concerning this matter, pleas	
Name of Person at	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	unt:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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.

I. N	ame of the limited liability company: <u>Seautiful Image LLC</u>
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) //500 S L: A 5 + (Inv A v L)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ste 150A ste 110
	Tampa F1 33607 Hew Julson NV 8915
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 Office Address (MUST BE FLORIDA STREET ADDRESS) SE SOLO
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Se 500  FROM FALL A STREET ADDRESS SE 500  Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Se 500  FROM FALL A STREET ADDRESS SE 500  FIL 3367 33304  FROM FROM FROM FROM FROM FROM FROM FROM
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	NEW Registered Office Address:
	Jampa , FL 33607
the ch agent was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Sign	ature of a member or authorized representative of a member Printed or typed name of signec
provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been djin writing of this change.
Signati	re of Registered Agent