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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer: L. SELLERS MAR 1 7 2008				

Office Use Only

EXAMINER



600120358576

03/14/08--01021--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
,	
SUBJECT: Cooper Photographic Service (Name of L	ces, LLC .imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
rease return an correspondence concerning	ans nated to the following.
Kevin F. Cooper	
(Name of Person)	
Cooper Photographic Services, LLC	
(Firm/Company)	
3724 Falcon Ridge Circle	
(Address)	
Martin El 22224	
Weston, FL 33331 (City/State and Zip Code)	
For further information concerning this matte	er, please call:
K. t. E. O. ana	at (954) 389-3071
Kevin F. Cooper (Name of Person)	at (954) 389-3071 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(rica code a Baytime relephone ramour)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
Enclosed is a check for the following	g amount:
✓ \$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 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. The name of the limited	d liability company is:	Cooper Photographic Services, LLC	•	
2. The mailing address of	the limited liability co	mpany is: 3724 Falcon Ridge Circle		
Weston, FL 33331	•	1 4		
December 20, 2006		L06000120612		
3. Date of filing/registration	on in Florida	4. Document number		
5. The name of the register Florida Department of S		tered office address as shown on the rec	cords of the	
·	United States Corpo	oration Agents, Inc.		
		Name		
1111 Lincoln Road Suite 400				
		Address		
	Miami Beach, FL 331			
	• .	State and Zip		
6. The name and address of	of the new registered ag	gent and/or office:		
	Kevin F. Cooper			
•		Name		
-	3724 Falcon Ridge Ci			
	Florida street address	(P.O. Box NOT acceptable)		
	Weston,	FL 33331		
	City, S	tate and Zip		
confirmed that after the ch and the business office of liability company, it is her	ange or changes are m the registered agent wi eby confirmed that the	ander the laws of the State of Florida, it ade, the Florida street address of the reall be identical. Or, in the case of a Flor change(s) was/were authorized by an a or as otherwise provided in the articles of company.	gistered office ida limited iffirmative vote	
(Signature of a member of authority	are representative of a member	r)		
Kevin F. Cooper				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative l accept the obligation his document is being f that the limited liabilit	gent and agree to act in this capacity. It to the proper and complete performan is of my position as registered agent as filled to merely reflect a change in the re y company has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.	
(Signature of Registered Agent)	yse		20 TA'S	
ν	_	O. Box 6327, Tallahassee, FL 32314 G FEE: \$25.00	1008 MAR 11 SECRETAR ALLAHASS	

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