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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON
JUN 2 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	otography, LLC.	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Brian J. Smith		
Name of Person		
S&R Photography, LLC. Firm/Company		
2341 White Sands Drive	L	
Jacksonville, Florida 32216 City/State and Zip Code		
inquiries@sandrphotography.com E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
Brian J. Smith at (_	904) 704-6967	
Name of Person	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:		
✓ \$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.

Name of the limited liability company:	S&R Photography, LLC.
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	
(Note: MOST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
(All Day of Clinates)	
06/16/2010	L0900003851
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Brian J. Smith
Registered Office Address:	7635 Leafy Forest Way Jacksonville, Fl. 32277
	Jacksonville, Fl. 32277
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	
(MUST BE FLORIDA STREET ADDRESS)	2341 White Sands Drive Jacksonville ,FL32216
If the limited liability company is not organized under the	laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the	Florida street address of the registered
confirmed that after the change or changes are made, the and the business office of the registered agent will be identified in the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	s) was/were authorized by an affirmative ver
of the members of the limited liability company or as other or the operating agreement of the limited liability compar	erwise provided in the articles of organization by.
April	DIN OF
Signature of a member of authorized representative of a member	- Co
BRIAN J. Sm.+N Printed or typed name of sinner	RP RP S
rinted or typed name or signee	プログラスと マンス
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further great an
and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m	osition as registered agent as provided for i té erely reflect a change in the registered office
address, I hereby confirm that the limited liability compa	ny has been notified in writing of this change.
Signature of Registered Agend	

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