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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pace Photograpphers LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Howard Stoll				
Name of Person				
Pace Photographers LLC	•			
Firm/Company				
3221 S Ocean Blvd. Apt	107			
Address				
Highland Beach, Fl 3348	7			
City/State and Zip Code				
luhow@att.net				
E-mail address: (to be used for future annual report not	ification)			
For further information concerning this matter	, please call:			
Howard Stoll	at (516) 521-7875			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	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: Pace Photographe	ers LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: 3221 S Ocean Blvd. Apt 107	
\(\lambda_{\text{	Highland Beach, Fl 33487	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME	
09/02/2011	11000101074	
3. Date of filing/registration in Florida	4. Document numbe	er
5. (a) Registered Agent and Registered Office shown		rida Dept. of State:
Registered Agent:	Incorporating Services, Ltd	
Registered Office Address:	1540 Glenway Dr	
Registered Office Address.	Tallahassee, Fl 32301	
		200 B
(b) Enter name of <u>NEW Registered Agent</u> and/or]	NEW Registered Office	
NEW Registered Agent:	Howard Stoll	- C2: 23 F
NEW Registered Office Address:	3221 S Ocean Blvd.	Carrier Tollar
(MUST BE FLORIDA STREET ADDRESS)	Apt 107	
	Highland Beach	FL 33487
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability compans	the Florida street address (dentical. Or, in the case (dentical) was/were authorized	of the registered office of a Florida limited I by an affirmative vote of
Signature of a member or authorized representative of a member		
HOWARD STO 11		
Printed or typed name of signee		
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this ca e proper and complete pe y position as registered o o merely reflect a change pany has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.

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

Signature of Registered Agent