L1000126235

| (Requestor's Name) | | | |
|---|-------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| | | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



12/12/11--01009--001 **25.00

FILED 11 DEC 12 RN 12: 47 JECRETARY OF STATE ALLAHASSEE, FLORID

D. BRUCE DEC 1 3 2011 EXAMINER TO: Registration Section Division of Corporations

SUBJECT: One Terrific Photo
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Gregory Taylor Name of Person

> One Terrific Photo LLC Firm/Company

1921 Coral Gate Drive

Miami, FL. 33145-2227 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 David G. Taylor
 at (_____305_)
 812-7051

 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:



\$55 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. J. J. 1.

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: | One Terrific Photo LLC | |
|---|---|--|
| 2. (a) Principal office address of limited liability company | y: 1921 Coral Gate Drive | |
| (Note: MUST BE STREET ADDRESS) | Miami, FL 33145-2227 | |
| (b) Mailing address of limited liability company: | One Terrific Photo LLC | |
| (Note: MAY BE POST OFFICE BOX) | 1921 Coral Gate Drive Miami, FL 33145-2227 | |
| Nov. 7, 2011 3. Date of filing/registration in Florida | <u>L11000126235</u> 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | United States Corporation Agents, INC. | |
| Registered Office Address: | 13302 Winding Oak Court Suite A Tampa FL 33612 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | W Registered Office address | |
| NEW Registered Agent: | David Greg Taylor | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1921 Coral Gate Drive 1 Miami 1 | |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | wise provided in the articles of organization | |

Signature of a member of authorized representative of a member

DAVID G.TAYCA Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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