112000 148846

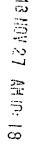
Office Use Only



100254007471

11/27/13--01004--013 **25.00

1 SUMMERS DEC 0 . 2013



COVER LETTER

Division of Corporations		
SUBJECT: Sarah Robbins Photography LLC 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:		
Mathew Rubbins Name of Person		
Sarah Robbins Photography LL	<u></u>	
12535 Highfield write		
Lakewood Ronch Fl 34202 City/State and Zip Code		
Mrobbins a geninfo. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mathew Roldsias at (80-	3) 3 (2 – 4557) Area Code & Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building	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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: Sorah Rol	doins Photography LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	12535 Hobfield Girle.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Laternood Roch, to 34242
3. Date of filing/registration in Florida	<u>Lla 000 1488 46</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Sarah A Robbias
Registered Office Address:	7357 International Pl.
	Sorafita, FC 34240
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12535 Highfeld arde
	Lakenwood Karth, FL 342,02
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Malley Robbins Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugate the construction of the provision of the pro	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office by has been notified in writing of this change.

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