

L12 000 149 858



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

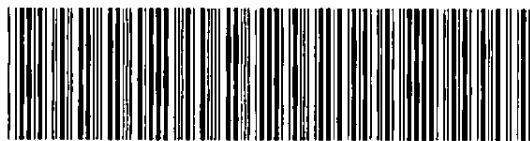
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100435078791

08/21/24--01008--018 **25.00

2024 AUG 21 PM 1:21

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Plum Blossom Photography, LLC

1. Name of the limited liability company: _____
1233 NE 4 Ave, Fort Lauderdale, FL 33311 215 Poor House Mountain Trail, Murphy, NC 28906

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

11/30/2012

L1200049858

3. Date of filing/registration in Florida 4. Document number
Graciela Valdes

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4851 NE 5 Terrace

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Fort Lauderdale 33334
FL

Julietta Wenzel

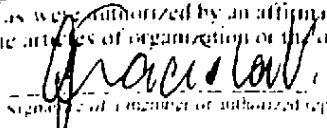
(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1233 NW 4 Ave

NEW Registered Office Address:

Fort Lauderdale 33311
FL

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 office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

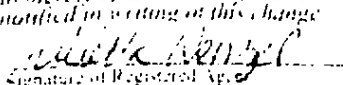


Signature of a member or authorized representative of a member

Graciela Valdes

Printed or typed name of signer

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 605, 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

DSHS-12-110

2024 Nov 21 PM 1:21