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COVER LETTER

TO: Registration Section Division of Corporations								
DENISE MARIE PHOTOG	RAPHY LLC							
Na	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning t	this matter to the following:							
NICOLAS SIHA								
Name of Person								
LEGALINC CORPORATE SERVICES	S INC.							
Firm/Company								
17350 STATE HIGHWAY 249								
Address								
HOUSTON, TX 77064								
City/State and Zip Code								
SUPPORT@LEGALINC.COM								
E-mail address: (to be used for future ar	nnual report notification)							
For further information concerning this matte	r, please call:							
NICOLAS SIHA	713 478.1040							
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 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.

l. Na	DENISE MAR	RIE PHOTOGRA	APHY LLC			
2. (a)	21315 MORNING MIST WAY	21315 MORNING MIST WAY				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of (Note: MAY Bi		•	
	LAND O LAKES, FL 34637	LAND	O LAKES, FL	34637		
	02/07/2013	L130000)19491			
3. 5. (a)	Date of filing/registration in Florida USA-RA LLC	4.	Document nur	mber		
). (a)	Registered Agent and Registered Office shown on the records of 841 PRUDENTIAL DRIVE	the Florida Dept. of Sta	ate:			
	Registered Office Address 12TH FLOOR	ADDRESS)	_			
	JACKSONVILLE . FL	32207				
(l-)	LEGALINC CORPORATE SERVICES INC.	'	_	SECR	16 FE	रा समृत्या
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:			8 2	Provinces exception
	5237 SUMMERLIN COMMONS			ARY OF STATE ASSEE, FLORID	2 PM	M
	NEW Registered Office Address:		_	TS.	Ÿ	J
	SUITE 400			NTE RIDA	0	
	FORT MYERS , FL	33907	_			
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office ability company, it of the limited liabili	ce and the busing is hereby confirmity company or a mpany.	ess office med that as otherw	of the c	ne registered hange(s)
-	ture of a member or authorized representative of a member		Printed or typed	•		
provisi the obl to mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I did writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further duties, and I ar 15, F.S. Or, if th t the limited liab	agree to n familia is docum pility com	com r with ent is pany	ply with the n and accep being filed has been
Signatu	re of Registered Agent					