L13000089386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RD/ch8
10.15.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kailey Faith Photography
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:

Kailey Chowning
Name of Person

Kailey Faith Photography
Firm/Company

4090 12th St. SW
Address

Vero Beach, FL 32968
City/State and Zip Code

Kaileyfaith@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kailey Chowning at (772) 563-7143
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

KAILEY CHOWNING
KAILEY FAITH PHOTOGRAPHY LLC
4090 12TH ST. SW
VERO BEACH, FL 32968

SUBJECT: KAILEY FAITH PHOTOGRAPHY LLC
Ref. Number: L13000089386

We have received your document for KAILEY FAITH PHOTOGRAPHY LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00020407

RECEIVED
14 OCT 14 PM 3:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: Kailey Faith Photography

2. (a) Principal office address of limited liability company: ***(Note: MUST BE STREET ADDRESS)***

4090 12th St. SW
Vero Beach, FL 32968

(b) Mailing address of limited liability company: ***(Note: MAY BE POST OFFICE BOX)***

4090 12th St. SW
Vero Beach, FL 32968

3. Date of filing/registration in Florida: 6/20/2013

4. Document number: L13000089386

5. (a) Kailey F Chowning
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4090 12th St. SW
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

Vero Beach, FL 32968

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

4090 12th St. SW
NEW Registered Office Address:

Vero Beach, FL 32968

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SECRETARY OF STATE

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

Kailey Chowning
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 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

INHS18 (2/14)