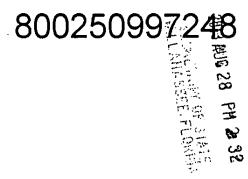
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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
SEP - 3 2013		
A. LUNT		
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08/28/13--01005--012 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Tim Simmons Pho	tography, LLC
Name of Lim	ned Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	
Please return all correspondence concerning this	s matter to the following:
Timothy B. Simmons Name of Person	28 PH 2 32
Tim Simmons Photography,	
Firm/Company 4033 35th St. N. Address	
St. Petersburg, FL 33714	
City/State and Zip Code simmons237@gmail.com E-mail address: (to be used for future annual report notification concerning this matter,	
Tim Simmons	, 614 596-6905
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

■ \$25 Filing Fee

1

TO: Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Tim Simmons Ph	otography, LLC		
2. (a) Principal office address of limited liability composite: MUST BE STREET ADDRESS)	any: 4033 35th Street N. St. Petersburg, FL 33714		
(Noie: MUSI BE STREET ADDRESS)	ot. 1 etersoong, 1 t oor 14		
(b) Mailing address of limited liability company:	6924 122nd Way	海岸 29:3	
(Note: MAY BE POST OFFICE BOX)	Seminole, FL 33772	五 1	
		(F) (F)	
07/07/2013	L13000098986	28	
3. Date of filing/registration in Florida	4. Document number	The state of the s	
5. Date of thing registration in Fronda	i. Bootiment namou		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	温泉地大	
		1 100	
Registered Agent:	Tim Simmons		
D 1	0004.400 - 1184		
Registered Office Address:	6924 122nd Way Seminole,FL 33772		
	Semmole,FL 33772		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Timothy B. Simmons	<u>1ress</u> :	
NEW Registered Office Address:	4033 35th Street N.		
(MUST BE FLORIDA STREET ADDRESS)	St. Petersburg	,FL_33714	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a e(s) was/were authorized by	ne registered office Florida limited an affirmative vote of	
Heather Simmons Printed or typed name of signee	<u></u>		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in t any has been notified in wr	ity. I further agree to mance of my duties, t as provided for in he registered office iting of this change.	
Signature of Registered Agent			

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