L14000/52598

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	(f)
PICK-UP	☐ warr	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

MISTY ALEXANDER 5728 OAKWOOD KNOLL DR. LAKELAND, FL 33811

SUBJECT: MISTY ALEXANDER PHOTOGRAPHY, LLC

Ref. Number: L14000152598

We have received your document for MISTY ALEXANDER PHOTOGRAPHY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell Regulatory Specialist III

Letter Number: 414A00025059

RECEIVED
4 BEC 10 AM 10: 39

COVER LETTER

TO:	Registration Section Division of Corporations		40
CHDI	Misty Alexander Photograph	ny, LLC	
SUBJI	•	ne of Limited Liabil	ty Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the follo	wing:
Misty	Alexander		
	Name of Person		
	Firm/Company		
5728	Oakwood Knoll Drive		
	Address		
Lakel	land, FL 33811		
	City/State and Zip Code		
Misty	2727@verizon.net		
Ē	E-mail address: (to be used for future ann	nual report notification	on)
For fur	ther information concerning this matter	please call:	
Misty	Alexander	863 at ()	398-5690
	Name of Person	Ar	ea Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	□ \$55 Fi	ling Fee & Certified Copy
INHS18	8 (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.

1. Na	me of the limited liability company:	ler Ph	oto	graphy, I	LLC				
2. (a)	5728 Oakwood Knoll Drive		h)	5728 Oa	kwood K	noll Driv	/e		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Lakeland, FL 33811		(b)					•	
	09/30/2014			1400015	2598				
3.5. (a)	Date of filing/registration in Florida Lee Gandy	4.]	Document	number			
υ. (u)	Registered Agent and Registered Office shown on the records of 4306 W Jetton Avenue	the Florid	ia D	ept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	SS)			7 4	1.		23.4°
	Tampa , FL	33629)) JJQ		*2 *.
(b)	Misty Alexander						10 PH		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ddre</u>	<u>:ss</u> :		; *	Ÿ		
	5728 Oakwood Knoll Drive						th		
	NEW Registered Office Address:	"							
	Lakeland , FL	33811	 						
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability confirmation that the limited	iste com mite lial	red office pany, it is ed liability	and the bu hereby con company pany.	isiness of nfirmed tl	fice of hat the	f the re e chang	gistered ge(s)
Signat	ure of a member or authorized representative of a member			, ,	Printed or ty	ped name o	f signe	С	
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change.	ee to ac perforn I for in hereby c	ct in nand Chi conj	this capa ce of my d apter 605, firm that th	city. I furt uties, and F.S. Or, i he limited i	ther agree I am fami if this doc liability c	e to co iliar w umen compa	omply v vith and t is bein ny has	vith the l accept ng filed been
Signatur	re of pregistered Agent								