L14000153434

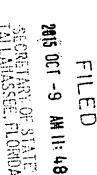
/Pa	augstade Nama)				
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
		,			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

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Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	Verbena Vision Photography LLC Name of Limited Liability Company					
SCHOOL I.						
Dear Sir or !	Madam:	•				
The enclose	d Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the following:				
Jia Song						
	Name of Person	 .				
Verbena \	/ision Photography					
	Firm/Company					
2280 SW	32ND AVE, 608					
•	Address	 .				
MIAMI, FL	. 33145					
	City/State and Zip Code					
info@verb	enavision.com					
E-mail	address: (to be used for future and	ual report notification)				
For further i	nformation concerning this matter	please call:				
Jia Song		305 3311289				
	Name of Person	Area Code & Daytime Telephone Number				
STR	REET/COURIER ADDRESS:	MAILING ADDRESS:				
_	stration Section Registration Section					
	sion of Corporations	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	ton Building I Executive Center Circle					
	ahassee, Florida 32301	Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:				
□ \$2	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.

1. N	Name of the limited liability company: Verbena Vision	n Phot	ography	
2. (a	2280 SW 32ND AVE, 608	(t	2280 S	W 32ND AVE, 608
(w.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33145	-	MIAMI,	FL 33145
	10/01/2014	_	L140001	53434
 (a) 	Date of filing/registration in Florida YE, CHEN	4.		Document number
J. (0	Registered Agent and Registered Office shown on the records of the 140 SW-109TH AVE	ne Florida	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2	_
	MIAMI , FL	33174		- - ∵ >
(b	InCorp Services, Inc			ALL AH
ν	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	77 -9 77 -9 7888E
	17888 67th Court North			YOFS LE
	NEW Registered Office Address:	·	,	STATE LORIDA
	Loxahatchee , FL	33470	### Ti 11	- ~
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability of Song	the regineral bility control the limited l	stered office ompany, it in ited liabilities iability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	Jia	Song	Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a first change. The property of Registered Agent	ee to act perform for in (ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the