## L15000051713

(Requestor's Name)					
(Address)					
,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Emily Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: Sierra Ford Photography, L.L.C.							
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office (	Change and fee	(s) are submitted for filing	g.			
Please	e return all correspondence concerning this m	atter to the foll	owing:				
Sierra	a Sibbald						
	Name of Person						
Sierr	a Ford Photography, L.L.C.						
-	Firm/Company						
3065	4 Prestwick Ave.						
	Address						
Sorre	ento FL 32776						
	City/State and Zip Code	<del></del>					
	aford121@gmail.com						
	E-mail address: (to be used for future annual	report notificat	ion)				
For fu	rther information concerning this matter, plea	ase call:					
Sierra	a Sibbald	352	516-6181				
	Name of Person		rea Code & Daytime Tele	ephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisio P.O. B	ration Section on of Corporations tox 6327 assee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$55 F	iling Fee & Certified Cop	ру			
INHS1	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. 1	Name of the limited liability company: Sierra Ford P	hotography, L	.L.C.		
2. (a	115 E 4th Ave.	(b) 3065	(b) 30654 Prestwick Ave		
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(+/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 216	Sorre	nto, FL 32776		
	Mount Dora, FL 32757				
	3/23/21015	L1500	051713		
3.	Date of filing/registration in Florida	4.	Document number		
5. (	Sierra Sibbald				
<i>5.</i> (	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1009 Pearson Dr.				
	Oviedo , FL	32765			
(b	Sierra Jones  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	17 JAN 26		
	NEW Registered Office Address:				
	115 E 4th Ave				
	113 L 401 AVE		<u> </u>		
	Mount Dora , FL	32757	<u></u>		
the c agen was/the a Sig I her prove to me notif	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of tieles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I see in writing of this change.	f the registered of ability company, of the limited liab limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Printed or typed name of signee		
3)KIH	ture of Registered Agent		,		