

L16000 017 810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

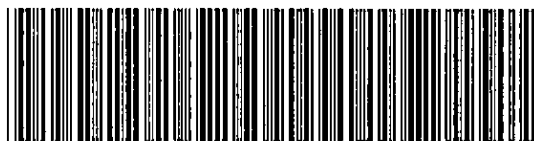
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 NOV 25 PM 12:02

RA Change

D CUSHING

# RONALD S. WEBSTER

COUNSELOR AT LAW

TELEPHONE: (239) 394-8999  
FACSIMILE: (239) 394-3511

THE ESPLANADE  
800 NORTH COLLIER BLVD., #203  
MARCO ISLAND, FLORIDA 34145

E-MAIL: [ron@ronwebster.com](mailto:ron@ronwebster.com)  
INFO: [www.ronwebster.com](http://www.ronwebster.com)

November 19, 2019

Registration  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

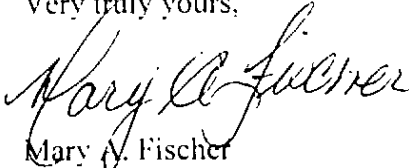
RE: Mila Bridger Photography, LLC

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Resident Agent in regard to the above-mentioned Limited Liability Company. Also enclosed is a check in the sum of \$25.00.

Should you have any questions relative to this matter, please do not hesitate to contact this office.

Very truly yours,



Mary A. Fischer  
Legal Assistant

MAA  
enclosure

19 NOV 25 PM 12:07

19 NOV 25 PM 12:07

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MILA BRIDGER PHOTOGRAPHY, LLC  
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:

Mila Bridger

Name of Person

Firm/Company

327 Columbus Way

Address

Marco Island, FL 34145

City/State and Zip Code

milabridger@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mila Bridger at ( 239 ) 877-2485  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 25 PM 12:02

**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: MILA BRIDGER PHOTOGRAPHY, LLC

2. (a) 327 Columbus Way (b) 327 Columbus Way

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

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

Marco Island, FL 34145

Marco Island, FL 34145

January 26, 2016

L16000017810

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Ct. Suite A

Tampa, FL 33612

(b) Ronald S. Webster

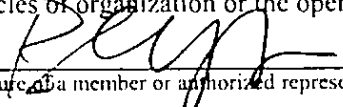
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

800 N. Collier Blvd., #203

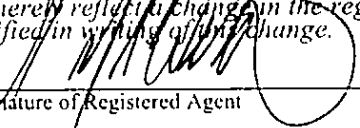
Marco Island, FL 34145

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.

X   
Signature of a member or authorized representative of a member

Mila Bridger  
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

19 NOV 25 PM 12:01  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS