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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
` , , ,	•
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	
	:

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MAR 0 8 2017 S. YOUNG SECRETARY OF SINTE IALL ALLASSEE, FLOKIO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: F - STOP Photography by Name of Limit	Michael UC ad 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:
Michael J Kowalczyk JR Name of Person	·
F- Stop Photography by Michael	<u>LL</u> C
2248 SW Brookhaven War	ر ا ا
Palm City F1 34990 City/State and Zip Code	
mk poolside @ ool. com E-mail address: (to be used for future annual report)	notification)
For further information concerning this matter, please call	l:
Michael Kouwelczek at ()	72) <u>ス83-39~</u> Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$2.\$25 Filing Fee

Enclosed is a check for the following amount:

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: F-Stop PL	natrophephy	by Michael LL	<u> </u>
2. (a) 2248 5(b) Brookhowen 6906 (c) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability (Note: MAY BE POST OFFICE	company:
Palm City Fl 34990			
5/26/2016	416	0000103318	
3. Date of filing/registration in Florida 5. (a)	4.	Document number	
5. (a) Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of St	 ate:	arreg ,
Corpotation Service Compe Registered Office Address (MUST BE FLORIDA STREET A	anu		STUMBER TO MAR - 7
1201 Hays Street			
Tallahassee , FL	37301		PH 3
(b) M'Chael J Kowa C Enter name of NEW Registered Agent and/or NEW Registered C		_	5
NEW Registered Office Address:			
2248 Sw Brookhowen We	9.50		
	7		
Palm City, FL	34990		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered offi bility company, it the limited liabil	ice and the business office of the t is hereby confirmed that the colity company or as otherwise properties.	he registered hange(s)
Signature of a member or authorized representative of a member	michae	Printed or typed name of signee	TR
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	norformance of m	v duties and Lam familiar with	h and accept
Signature of Registered Agent			