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(Re	questor's Name)	
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PICK-UP	₩AIT	MAIL
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K. SALY APR - 3 2017

COVER LETTER

	on of Corporations					
SUBJECT: _	POMPANO		PHOTO	A GE NCY	LLC	
		Name of Li	mited Liability	Company		
Dear Sir or Ma	ıdam:					
The enclosed I	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return a	II correspondence conce	erning this matte	er to the following	ng:		
BRE	Name of Perso	ARUAS				
	Firm/Compan	y				
1874	NE 145th Address	AVER	20 1078	?		
SILVER SPRINGS FL 34488 City/State and Zip Code						
TRANSPORTATION 1967 & GMAIL - COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
BRENDA	TARKAS Name of Person	at (_	352 / Area	OS OOL Code & Daytime To	1 O elephone Number	
Regist Divisio Cliftor 2661 E	ET/COURIER ADDR ration Section on of Corporations of Building Executive Center Circle assee, Florida 32301	ESS:	Registration Division of P.O. Box 6	f Corporations		

Enclosed is a check for the following amount:

\$25 Filing Fee

INHS18 (2/14)

Solv. Ly by

☐ \$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.	Na	me of the limited liability company: 30	MPANO	NE	DIA	PHOTO	AGENCY	HC
2. (a) _	24G3 NE ANTH STREET, PON- Principal office address of limited liability of (Note: MUST BE STREET ADDRESS	этрану:	(b) _			of limited liability c	
3.		Date of filing/registration in Florid		_	L17	Document no	42.78° umber	
5.	(a)	Registered Agent and Registered Office shown on the		rida De	ent. of Sta	 ite:		
		1840 CORAL WAY Registered Office Address (MUST BE FLORID			•	_	2011 SE FAL	**************************************
(b) _	MIAMI BRENDA FARK Enter name of NEW Registered Agent and/or NEW	AS			-	CRETARY OF S	TILEL WO
		1874 NE 145th NEW Registered Office Address: LOT 8	AVE I	2,D)	-	ORIDA	 40
		GILVER SPRINGS	5_, FL_3/	14	88	_		
the ager	chai nt w /we: artic	imited liability company is not organized uringe or changes are made, the Florida street will be identical. Or, in the case of a Florida rere authorized by an affirmative vote of the cles of organization or the operating agreen	address of the re limited liability members of the nent of the limite	egiste / com limite ed liat	red office pany, it ed liabili pility co	te and the busing the hereby confitted to the hereby confitted to the hereby confitted to the hereby the hereby confitted to the hereby the her	ness office of th irmed that the cl as otherwise pr	e registered nange(s)
Si	gnati	ture of a member or authorized representative of a me	mber					
*	re	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent ely reflect a change in the registered office of in writing of this change.	nt and agree to I complete perfo as provided for address, I hereb	act in rman in Cho y conj	this cap ce of my apter 60 firm tha	pacity. I further duties, and I a lost of the limited lick the lick the limited lick the lick th	er agree to comp am familiar with this document is ability company	ly with the and accept being filed has been