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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(CII	ty/State/Zip/Phone	; #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L	Office Use On	



09/17/18--01008--011 **25.00

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COVER LETTER

TO: Registration Section					
Division of Corporations					
SUBJECT: ASh DAN Photography LLC					
Name of Limited Lightlity 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:					
Ash-Leah Smith Name of Person					

Firm/Company

PD B0x 1731

Address

Baf City/State and Zip Code

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

For further information concerning this matter, please call:

pinht at (Area Code & Daytime Telephone Number Name of Person

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:

Sa \$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.

I. Na	ame of the limited liability company: Shadah	1 Photo	Raphy LL	C
2. (a)		(b)		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	nited liability company: POST OFFICE BOX)
	2245 Snith TVP	DT)BDX 17-71	
	Ravion, FT, 23830	- <u>+</u> >	INTONI FI 32	321
	03/13/2017		1000570	<u> </u>
3.	Date of filing/registration in Florida	4.	Document numb	per
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida Dent-o	f State:	
	KERNER SAINT GUINT GUINT	ie i kinda izepi. o	rotate.	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
	ME201.A			
	Ormand BlachFLs	32174		<u>د</u>
<i>(</i> 1)	, Ash-leah Weight			59
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice address:		EP .
	\mathcal{J}			
	NEW Registered Office Address:			E D
	3245 South Stre.			22
		02020)	9
	<u> </u>	<u>33830</u>)	
	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t			
agent v	will be identical. Or, in the case of a Florida limited liab	bility company	 it is hereby confirmed 	ed that the change(s)
	Alles of organization or the operating agreement of the li			alat
Signa	alfe of a member or authorized representative of a member		Printed or typed na	me of signee
nravici	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p	performance a	(my duties and Lam)	Tamiliar with and accent
the obl to merc	ligations of my position as registered agent as provided dixreflept a change in the registered office address, I ha	for in Chapte ereby confirm	r 605, F.S. Or, if this that the limited liability	document is being filed ity company has been
notifiči (A how the schemes			
Signatu	ine of Wegistered Ageni			

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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