11/29/2017



3239628300 From Meghan Smith

## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000312242 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOON.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Consil.	Address:			

## LLC REGISTERED AGENT CHANGE PICTURESQUE-PHOTOGRAPHY REDEFINED, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
CHEL	PICTURESQUE-PHOTOGR	APHY	REDE	FINED, LLC			
SUBJECT: Name of Limited Liability Company							
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ce Chai	nge and I	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matte	r to the f	ollowing;			
Chey	yenne Moseley						
	Name of Person			<del></del>			
Lega	alzoom.com, Inc.			·			
-	Firm/Company			_			
101	N. Brand Bivd., 10th Floor						
	Address			_			
Glen	idale, CA 91203						
	City/State and Zip Code			<del></del>			
	beshouri@gmail.com						
	E-mail address: (to be used for future ann	ual rep	ort notiti	cation)			
For fi	orther information concerning this matter,	please	call:	.;			
Cheyenne Moseley			800	773-0888 ext 9724			
	Name of Person	at (_		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	MLING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	amoui	it:				
	☐ \$25 Filling Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS	18 (2/14)						

ij

## 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	ime of the limited liability company: PICTURE	SQUE-PHOTOGRAPHY REDEFINED, LLC
2. (a)	4008 N Federal Hwy.	(b) 4008 N Federal Hwy.
<u> </u>	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
	Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33308
	07/18/2017	L17000153404
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 record 13302 Winding Oak Court  Registered Office Address (MUST BE FLORIDA STR)	
	A	
	Tampa	, FL 33612
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address:	tered Office address:
	Ft. Lauderdale	, FL 33308
the cha agent v	ange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit	ne laws of the State of Florida, it is hereby confirmed that after so of the registered office and the business office of the registere ed liability company, it is hereby confirmed that the change(s) pers of the limited liability company or as otherwise provided in fithe limited liability company.  Alexander Beshouri
Signa	nure of a member or authorized representative of a member	Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agent anions of all statutes relative to the proper and comfigations of my position as registered agent as preely reflect a change in the registered office address in writing of this change.	d agree to act in this capacity. I further agree to comply with the plele performance of my duties, and I am familiar with and accep wided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
	ue of Registered Ageni	-
Ale		<sup>2</sup> .O. Box 6327 • Tallahassee, FL 32314 NG FEE: \$25.00

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INHS18 (2/14)