

L17000227026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEC 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Picture It Properties, 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:

Seth Daigle

Name of Person

Picture It Properties, LLC

Firm/Company

4740 Colonial Ave.

Address

Jacksonville, FL 32210

City/State and Zip Code

pictureitproperties@yahoo.com

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

For further information concerning this matter, please call:

Viviane Daigle

at (706) 9683922

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

**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: Picture It Properties, LLC

2. (a) 4740 Colonial Ave. (b) 4740 Colonial Ave.

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

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

Jacksonville, FL 32210

Jacksonville, FL 32210

~~32210~~

04/19/2018

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3. Date of filing/registration in Florida

4. Document number

5. (a) Seth Daigle

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

8230 Loch Seaforth CT,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32244

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

4740 Colonial Ave.

NEW Registered Office Address:

Jacksonville, FL 32210

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.

Viviane Daigle
Signature of a member or authorized representative of a member

Viviane Daigle
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.

Seth Daigle
Signature of Registered Agent

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18 DEC -6 PM 2:05
TALLAHASSEE, FLORIDA