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

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE D.C PHOTOGRAPHY LLC

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M. MILLIGAN

Electronic Filing Menu Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

L N	Jame of the limited liability company: D.C PHO	OTOGI	RAPHY L	LC	
2. (a)	18724 NW 79TH CT	(b)	(b) 18724 NW 79TH CT		
ي. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing	address of limited liability  MAY BE POST OFFIC	
	HIALEAH, FL 33015	_ <del></del> -	HALEAH, FL	. 33015	
	01/11/2018	L	180000101	.71	
3.	Date of filing/registration in Florida	4.	Docu	ment number	
5. (a	LEGALING CORPORATE SERVICES INC	· ·			
ے. رد	Registered Agent and Registered Office shown on the records of	of the Florida Γ	Dept of State:		
	5237 SUMMERLIN COMMONS				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del> </del>	Ñ.	2019
	SUITE 400			ے ج	EB FEB
	FORT MYERS	<sub>L</sub> 33907		7.5. H. Y. S.	8 2
(b	Registered Agents Inc.			्रम् — भ - भ -	3
,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	ess:		ف ر
	7901 4th St N			#17.	. ယ ယ
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	<sub>L</sub> 33702			
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe liability con s of the limit	ered office and t ipany, it is herel ed hability com	the business office of by confirmed that the pany or as otherwise [	the register change(s)
	Ritury Park		Park		
Sigi	nature of a member or authorized representative of a member		Printe	ed or typed name of signee	
the or to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed as writing of this change.	gree to act i le performa ded for in Cl I hereby cor	n this capacity. nee of my duties napter 605, F.S. nfirm that the lin	I further agree to cor and I am familiar wi Or, if this document nited liability compan	nply with the th and acce is being file y has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent