48000033357

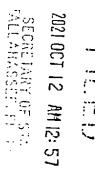
| (Red | questor's Name) | | | | |
|---|------------------|-------------|--|--|--|
| DbA) | dress) | | | | |
| (Add | dress) | | | | |
| (City | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL. | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | 7 | 130/g/A | | | |

Office Use Only



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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

| Divi | sion of Corporations | | | | | | |
|---------------------|--|-----------------|--------|--|--|--|--|
| elib luzit. | PICTURE ME PERFECT STUDIOS LLC | | | | | | |
| SOBJECT | Name of Limited Liability Company | | | | | | |
| Dear Sir or M | Aadam: | | | | | | |
| The enclosed | l Registered Agent/Registered | Office Char | ige an | d fee(s) are submitted for filing. | | | |
| Please return | all correspondence concernin | g this matter | to th | e following: | | | |
| ARIANNA C | ARRINGTON-HOOKER | | | | | | |
| | Name of Person | | | | | | |
| INNOVATIV | TE TAX SOLUTIONS OF CENT | RAL FLORII |)A IN | С | | | |
| | Firm/Company | | | <u> </u> | | | |
| 1678 E SILVI | ER STAR RD | | | | | | |
| | Address | | | | | | |
| OCOEE FL 3 | 4761 | | | | | | |
| | City/State and Zip Co | de | | | | | |
| INFO@ITSC | FL.COM | | | | | | |
| E-mail | address: (to be used for future | annual repo | rt not | ification) | | | |
| For further in | nformation concerning this ma | itter, please c | all: | | | | |
| ARIANNA C | ARRINGTON-HOOKER | 31./ | 407 | 499-2967) Area Code & Daytime Telephone Number | | | |
| | Name of Person | (| | Area Code & Daytime Telephone Number | | | |
| Reg Divi P.O. | ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enel | losed is a check for the follow | ving amoun | t: | | | | |
| a \$: | 25 Filing Fee | | ū | \$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: PICTURE ME | PERFE | CT S | STUDIOS | LLC | | |
|-----------------------|-------------------|---|--|---------------------------|--|--|--|--|
| 2. (a | . 1 | 12034 GROVEHURST AVE | | (b) 12934 GROVEHURST AVE | | | | |
| 16 | '' | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | WINTER GARDEN, FL 34787 | | | WINTER | GARDEN, FL 34787 | | |
| | | | | | | | | |
| | | 02/06/2018 | | I | .18000033. | 357 | | |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number | | |
| 5. (| a) | Allen D Wilson IV | | | | | | |
| -·· (| ., | Registered Agent and Registered Office shown on the records of | of the Flo | orida | Dept, of Sta | ie: | | |
| | | 12934 Grovehurst Ave | | | | _ | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | T ADDR | (ESS) | | | | |
| | | WINTER GARDEN F | | 7 | | | | |
| (i | b) | INNOVATIVE TAX SOLUTIONS OF CENTRAL FL II | | | | _ | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> | ed Offic | e add | ress; | | | |
| | | NEW Registered Office Address: | - | | | 7021 (SEC TALL | | |
| | | 1678 E SILVER STAR RD | | | | | | |
| | | OCOEE F | L_3476 | 5 1 | | FILED 2021 OCT 12 AM SECRETARY OF TALLANIASSENSE | | |
| agen was/ | ige it v we | mited liability company is not organized under the later changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ie regis liability of the e limit | sterec v cor limi | npany, it i ted liabilit ability cor | orida, it is hereby confirmed that after the add the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in | | |
| Sig | 2(141) | ure of a member or authorized representative of a member | - | | | Printed or typed name of signee | | |
| prov the a to m | isi sbl erc | by accept the appointment as registered agent and agons of all statutes relative to the proper and completing in a second completing at the proper and completing at the proper agent as provided by reflect a change of the registered of the address, if it writing of this change. | gree to e perfo led for l hereb | act orma in Co y co | in this cap nce of my hapter 60; nfirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | | |

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

ignature of Rogistered Agent