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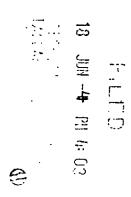
(Requestor's Name)					
(Address)					
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	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					

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JUN 0 4 2018

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Johanne Rahaman Photogr	aphy, LLC			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Johan	nne H. Mosscrop				
	Name of Person				
Johan	nne Rahaman Photography, LLC				
	Firm/Company				
1255	Collins Ave Apt 606				
	Address				
Miam	i Beach FL 33139				
	City/State and Zip Code		_ ,		
johan	nerahaman@gmail.com				
E	-mail address: (to be used for future ann	ual report notif	ication)		
For fur	ther information concerning this matter,	please call:			
Johar	nne H. Mosscrop	786	566-8402		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section		AILING ADDRESS: gistration Section		
	Division of Corporations		vision of Corporations		
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	Ta	llahassee, Florida 32314		
	Tallahassee, Florida 32301				
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	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	nme of the limited liability company: Johanne Rah	aman	Photograp	ohy, LLC	
2. (a)	1255 Collins Ave		(b) 1255 Collins 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)	
	Apt 606		Apt 606		
	Miami Beach FL 33139		Miami B	seach FL 33139	
	03/16/2018		L180000	69558	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	VIJIEN ENTERPRISES CORPORATION				
J. (a)	Registered Agent and Registered Office shown on the records of	- e:			
	100 COMMODORE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET A	-			
	APT 526			- 	
	PLANTATION	33325	5		
(b)	Johanne H. Mosscrop				
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	1255 Collins Ave				
	NEW Registered Office Address:			_ · ය	
	Apt 606				
	Miami Beach	33139) 	_	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the linited	istered office company, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany.	
Signa	ture of a member of authorized representative of a member			Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address, I h I in writing of this change.	ee to ac perform d for in hereby c	et in this cap nance of my Chapter 603 confirm 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	
Signatu	re of Registered Agent				