Florida Department of State 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.

(((H18000238243 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone

: (323)962-3889 Fax Number

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

LLC REGISTERED AGENT CHANGE RON MASON PHOTOGRAPHY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$ 55.00

11.

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

ĀŪ6 1 6 2018

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	ame of the limited liability company: RO	MASON PHOTOG	SRAPHY LLC
. (a)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 215 KENSINGTON COURT
	UNIVERSITY PARK, FL 34201	Ul	NIVERSITY PARK, FL 34201
	06/04/2018	L 18	8000137631
١.	Date of filing/registration in Flor	.da 4.	Document number
i. (a)	Registered Agent and Registered Office shows on UNITED STATES CORPORATION Registered Office Address (MUST BE FLOS) 13302 WINDING OAK COURT St	NAGENTS, INC. DASTREET ADDRESS) ite A	pt. of State:
	TAMPA	, FL_33612	SSER &
(b)	John Campbell		
	Enter same of NEW Recistered Agent and/or NE 1800 2nd St Suite 750 NEW Registered Office Address.		RDA
	Sarasota	, FL 34236	
the chagent was/v the ar Sign I hern provisithe oil to me	usinge or changes are mace, the Florida strewill be identical. Or, in the case of a Florivere authorized by an affirmative vote of the ticles of organization or the operating agreement of a member or authorized representative of a sions of all statutes relative to the proper a sligations of my position as registered agreefy reflect a change in the registered agree of the proper	or ancress of the register da limited liability comp e members of the limite ement of the limited liab Ronal	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in polity company. Id Mason Printed or typed name of tignee It this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been
	rure of Registered Agent	vell_	
	Division of Corporat	ions• P.O. Box 6327• FILING FEE: \$25.00	Tallahassee, FL 32314
HSI# (2/14)		

regularity of the contract of