Division of Corporations Electronic Filing Cover Sheet

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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	ane of the limited liability company: KYMìKE PHO	TOGRAPH'	Y LLC
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1007 N FEDERAL HWY #63		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FORT LAUDERDALE, FL 33304		
		08/01/2018	L180	00184384
3.5.	(a)	Date of filing/registration in Plorida LEGALINC CORPORATE SERVICES INC.	4.	Document number
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5237 SUMMERLIN COMMONS BLVD STE 400		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		FORT MYERS ,FL	33907	57 7
	(b) ROCKET LAWYER CORPORATE SERVICE		ES ILC	
		Enter name of NEW Registered Agent and/or NEW Registered 155 OFFICE PLAZA DRIVE, 1ST FLOOR	Office address:	9: 52 FLORIDA
		NEW Registered Office Address:		
		TALLAHASSEE , PL	32301	
the age	cha nt v s/we	imited liability company is not organized under the law unge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of \$les of organization or the operating agreement of the	the registered bility company f the limited lis	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
			SCHOLL, AUTHORIZED REPRESENTATIVE	
			Printed or typed name of signee	
pro the	obl meri	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have the property of this change.	se to act in this performance o I for in Chapte tereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been
Sig	ynatu.	re of Registered Agent		

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