LISCCCATIANI

(Requestor's Name)
(Address)
(Address)
(City/Clata/7in/Dhana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodinent Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

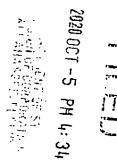
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NOV 13 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Maje Millor Protection of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ancodo Ouens Name of Person
Magic Microx Photography LUC Firm/Company
348 Backova Dr WW Address
Fort Walton Beach, Fl 32548 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

△\$25 Filing Fee

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.

Fiorida.
1. Name of the limited liability company: Magic Micror Photography 14
2. (a) 348 Barbara Thurson (b) 348 Barbara Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Fortwalton Beach FL Fort Walton Beach 32548 FL, 32548
3. Date of filing/registration in Florida 4. Document number
5. (a) LCCCL ZOOM, United States (Orposection Agents) Trac Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 55.75 Semoga Bluck Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Soft 36 Color of State: (b) Amanda Outers Enter name of NEW Registered Agent and/or NEW Registered Office address: 318 Landa Office Address
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Standard of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

Hire of Registered Agent