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O. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Providence Photography Studios LLC Name 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:
Ashley Hessbrook Name of Person
Providence Photography Studios LLC Firm/Company
6334 Sparkling Way
Wesley Chapel FL 33545 City/State and Zip Code ashley @ providence photographystudios.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley Hessbrook at (813) 701-6728 Name of Person 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

suomus Florida	the following statement in order to change its registered office or registered agent, or both, in the state of
1. Na	me of the limited liability company: Providence Photography Studios LLC
2. (a)	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS) (b) 6334 Sparkling Way Mailing address of limited tiability company: (Note: MAY BE POST OFFICE BOX)
	Wesley Chapel, FL 33545 Wesley Chapel, FL 3354
3.	$\frac{11/28/2018}{\text{Date of filing/registration in Florida}} \qquad \qquad \frac{L18000274702}{\text{Document number}}$
5. (a)	Cheyenne Moseley, United States Corporation Agents, IN
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding Oak Court A Registered Office Address (MUST SE FLORIDA STREET ADDRESS)
	Tampa E 336/2
(b)	Ashley Hessbrook
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	lund. Clar and 22 TUE
If the li	wesley warely, FL 33545 mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w was/we	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ure of member or authorized representative of a member Ashley Hessbrook Printed or typed name of signee
provision the obli- to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

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

Signature of Registered Agent