## 119000053765

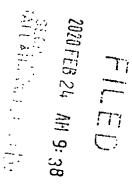
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•						
SUBJ	Photo Currier Photography LLC								
		Name of Limited L	iability Company						
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.						
Please	return all correspondence concernin	g this matter to the	following:						
Colton	Currier								
	Name of Person		_						
Photo	Currier Photography LLC								
	Firm/Company	•							
5539 C	Chipper Lane								
	Address		<del></del>						
Pace, I	FL 32571								
	City/State and Zip Co	de	_						
photoc	urrier@gmail.com								
i	E-mail address: (to be used for future	annual report notif	ication)						
For fu	rther information concerning this ma	itter, please call:							
Colton	Currier	850 at (	4630519						
	Name of Person	ut (	Area Code & Daytime Telephone Number						
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the follow	ving amount:							
	■ \$25 Filing Fee	□ \$:	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	ume of the limited liability company: Photo Currier Pho	otogra	phy LLC				
2. (a)	5635 Derby Drive		(b) 5539 Chi	pper Lane			
. ( <b>.</b>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of (Note: MAY BI		-	
	Pace, FL		Pace, FL				
	32571	_	32571				
	February 25, 2019		L19000053	3765			
3.	Date of filing/registration in Florida	<del>-</del> 4.	-	Document nur	nber	•	
5. (a)	United States Corporation Agents, Inc.						
	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court	nte:					
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)				
	Tampa , Fl	3361	2	_ _		2020 FEB	<del></del> -,
(b)	Colton Currier				37 33	EB 24	
	Enter name of NEW Registered Agent and/or NEW Registered	d Offic	e address:	_		+ AH 9:	
	NEW Registered Office Address:		<del> </del>	_	<b>1</b>	: 38	
	5539 Chipper Lane				•••	<b></b>	
	Pace FI	_ <mark>3257</mark> L	1	_			
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registability of the limite	tered office as company, it limited liabili	nd the business of is hereby confinity company or a	office of t med that t	he regis he char	stered ige(s)
Signa	ture of a member or authorized representative of a member	-		Printed or typed	name of sig	nee	
provisi the obl to meri	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfo ed for hereb	act in this cap rmance of my in Chapter 60 y confirm that	pacity. I further duties, and I an 15, F.S. Or, if th the limited liah	agree to on familiar is docume oility comp	comply with a ent is be any ha	with the ad accept ing filed s been
Signatu	re of Registered Agent						

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