## L19000103358

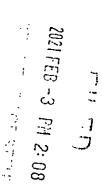
(Rec	questor's Name)			
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## COVER LETTER

TO:

INHS18 (2/14)

	egistration Section <sup>‡</sup> vision of Corporations		,
SUBJECT	r. CAFEYESTILO PHOTOGRA	PHY LLC	
		of Limited Liab	ility Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Office	Change and fee	e(s) are submitted for filing.
Please retu	irn all correspondence concerning this r	matter to the fol	lowing:
Ellie Kot	apish		
	Name of Person		
ZenBusi	ness PBC		
	Firm/Company		
5900 Ba	Icones Drive, Suite 5000		
	Address		
Austin, 1	TX 78731		
	City/State and Zip Code		
ellie@ze	enbusiness.com		
E-ma	ul address: (to be used for future annua	l report notifica	tion)
For further	r information concerning this matter, pl	ease call:	
Ellie Kota		512 at (	237-7349
	Name of Person		Area Code & Daytime Telephone Number
Ro Di Cl 26	rreet/Courier address: egistration Section ivision of Corporations effon Building 661 Executive Center Circle ellahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314
Er	nclosed is a check for the following ar	nount:	
2	\$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.

Na	me of the limited liability company: CAFEYEST	TLO PHOTO	OGRAPHY LLC		
(a)	914 GROVER AVE.	(b) 91	(h) 914 GROVER AV.		
Principal office address of limited	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WINTER PARK, FL 32789	<u>WI</u>	INTER PARK, FL 32789		
	04/15/2019	 L19	000103358		
	Date of filing/registration in Florida	4.	Document number		
(a)	DURAN, MAYESKY				
()	Registered Agent and Registered Office shown on the records o	f the Florida Dept	. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 914 GROVER AV	'ADDRESS)			
	WINTER PARK	32789			
b)	Registered Agents Inc.				
U	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	<b>20</b>		
			2021 FE8		
	NEW Registered Office Address:		<del></del>		
	7901 4th St N, Suite 300				
		<del></del>			
	St. Petersburg	L 33702	PH 2: 08		
cha nt w /wc	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered lability compa of the limited to limited liabil	e of Florida, it is hereby confirmed that after d office and the business office of the register my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.		
<u>s/</u> .	Mayesky Kathern Duran ure of a member or authorized representative of a member	Mayesi	Mayesky Kathern Duran, Member		
oret	ure of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, i	gree to act in the e performance led for in Chap	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and acce- ter 605 F.S. Or if this document is being tile		

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