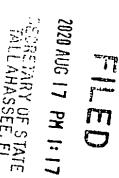
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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08/17/20--01018--014 **25.00



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Jennifer Juniper Photography LL	LC					
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please	return all correspondence concerning	g this matter to the	e following:				
Jennife	M. Toegel						
	Name of Person	·	 -				
Jennife	Juniper Photography LLC						
	Firm/Company						
1245 E	lna Drive						
	Address						
Port Or	ange FL 32129						
	City/State and Zip Coc	de					
Jennife	JuniperPhotography@hotmail.com						
Е	-mail address: (to be used for future	annual report noti	fication)				
For fur	ther information concerning this mat	tter, please call:					
Jennife	M. Toegel	386 at (882 7238				
	Name of Person		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					

TO:

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:	Photogra	phy LLC		
(a)		ı	(b)		
, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1245 Edna Drive		1245 Edna Drive		
	Port Orange FL 32129		Port Orar	nge FL 32129	
	4/30/2019		L19000116	6794	
	Date of filing/registration in Florida	— 4.		Document number	
(a)	2 0				
(4)	Registered Agent and Registered Office shown on the records of Jennifer M. Toegel	f the Florid	da Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 Floral Springs Blvd			2020 AUG	
	Unit 3112, Port Orange, F	32129	-	Pure June	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Jennifer M. Toegel			I PM II II PASSEE, FLIE	
	NEW Registered Office Address:			_ _	
	1245 Edna Drive				
	Port Orange F	L_32129		<u> </u>	
inge ent w s/we arti-	mited liability company is not organized under the la or changes are made, the Florida street address of the yill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register iability c of the lind c limited	red office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
- / /	of a member or authorized representative of a member			Printed or typed name of signee	
ovisie obli mere	ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I im writing of this change.	ree to ac perform ed for in hereby c	t in this cap lance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been	
<u> </u>	My 1/4 /				
,ria r tír	e of Registered Agent				