120000051588

(Re	questor's Name)	
`	,	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	· ^= ~ ·	
(Bus	siness Entity Nar	ne)
(Day	cument Number)	
(23)		
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

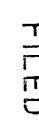
Office Use Only



900372935879

i ngt

2021 SEP -9 AM 8: 41





COVER LETTER

Division of Corporations	
SUBJECT: ZOE GAIK PH	HOTOGRAPHY
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
ZOE GAIK	
Name of Person	
ZOE GAIK PHOTOGRAPH	1Y LC
Firm/Company	
4221 9th AVE S.	
Address	
ST. PETERSBURG FL	33711
City/State and Zip Code	
ZOEGAIK & GMAI E-mail address: (to be used for future ann	L.COM
For further information concerning this matter,	please call:
ZOE GAIK Name of Person	at (321) 615 6996 Area Code & Daytime Telephone Number
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
≝ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

1. Na	me of the limited liability company: ZOE G	AIK	PHOTO	GRAPH	t Y	
2. (a)	and oth wing	(b)	4221	9m AV	ES	
\	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	g address of limited te: MAY BE POST	•	
	ST. PETERSBURG FL		ST. PI	ETERSE	JUR (3. FL
	33711	- -	3371	1	 -	
	021,210000		1200	0005	1 E. D	· \$
3.	02/13/2020 Date of filing/registration in Florida	4,		ment number	130	
5. (a)	REGISTERED AGENTS	INC.				
(-	Registered Agent and Registered Office shown on the records of the	he Florida Do				
	7901 4th ST. N. STE Registered Office Address (MUST BE FLORIDA STREET A	DDRESSI	<u> </u>	S	2021	
	ST. PETERSBURG FL				SEP	$\neg $
	FL	33	702	7. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	9-1	
		·		S () S () M ()	AH	Ш
(b)	ZOE GAIK Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u></u>	76 135	č.	O
				' ;=; ;;;		PA
	4221 9th AVE S. NEW Registered Office Address:	<u> </u>				-
		337				
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered (bility comp f the limite	office and the pany, it is here d liability con pility company	business office by confirmed the opany or as other:	of the r hat the c erwise p	egistered change(s) provided in
Signa	ture of a member of authorized representative of a member		Z(OE GAI	of signee	
I here provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to uct in performant for in Che creby conf		• •	•	

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