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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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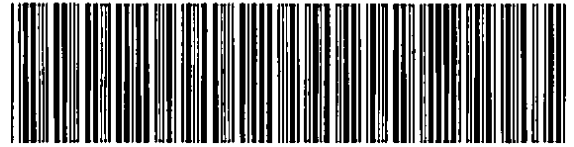
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperfect Pictures 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:

Lauren Odom
Name of Person

Imperfect Pictures LLC
Firm/Company

5542 Dakota Dr
Address

Jacksonville, FL 32209
City/State and Zip Code

imperfectpicturesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Odom at (754) 246-3455
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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: Imperfect Pictures LLC

2. (a) Imperfect Pictures LLC (b) Lauren Odum
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5542 Dakota Dr
Jacksonville, FL 32209

5542 Dakota Dr
Jacksonville, FL 32209

3. 03/28/2022 4. L20000103618
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. Semoran Blvd
Orlando, FL 32822

(b) Lauren Odum
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Imperfect Pictures LLC
NEW Registered Office Address:

5542 Dakota Dr
Jacksonville, FL 32209

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Lauren Odum
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent