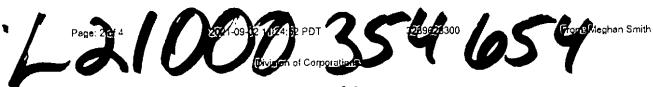
9/2/2021



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000328575 3)))



H210003285753ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				_ 	
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LLC REGISTERED AGENT CHANGE M2 EXECUTIVE HEADSHOTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

SEP 03 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

ТО:	O: Registration Section Division of Corporations						
SUBJE	M2 Executive Headshots LLC						
30000	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the fo	ollowing:				
Chey	enne Moseley						
	Name of Person		_				
Legal	zoom.com, Inc.						
	Firm/Company		_				
101 N	I. Brand Blvd., 10th Floor						
	Address						
Glend	dale, CA 91203						
	City/State and Zip Code		-				
m2ex	ecutiveheadshots@gmail.com						
E	-mail address: (to be used for future ann	ual report notific	ration)				
For fur	ther information concerning this matter,	please call:					
Chey	enne Moseley	800 at (773-0888 ext 9724				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	5 Filing Fee & Certified Copy					

Page: 4 of 4

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. N	ame of the limited liability company: M2 Execu	tive Headshots LLC	·
2. (a)		(b)	
	Principal office address of limited liability company (Note: MUST BF, STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	7912 NW 7TH COURT	7912 N	W 7TH COURT
	PLANTATION, FL 33324	PLANTA	ATION, FL 33324
	08/06/2021	L210003	EAGEA
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		·	
	Registered Agent and Registered Office shown on the recom	is of the Florida Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	2021 SEP
,	PLANTATION	EI 33324	デルで DF CO -2
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	OF STAIL REPORTATION AN IO: 17
	Michelle Rivera		· -
	NEW Registered Office Address: 7912 NW 7TH COURT		<u>.</u>
	PLANTATION	, _{FL} _33324	_
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members of organization or the operating agreement of the limited.	s of the registered officed liability company, it is or sof the limited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signal	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addressing writing of this change.	l agree to act in this cap lefe performance of my vided for in Chapter 60, s. I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registred Agent	Michelle Rive	era