

L22000430/67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

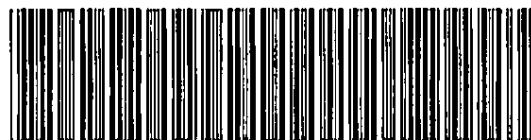
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PICTURE ME 3D 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:

Nelly Gispert

Name of Person

Firm/Company

2136 SW 37th Terrace

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

picture.me.3d.1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelly Gispert at (786) 493-7585

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

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: PICTURE ME 3D LLC

2. (a) <u>2136 SW 37TH TERRACE</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>FORT LAUDERDALE, FL 33312</u>	(b) <u>2136 SW 37TH TERRACE</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>FORT LAUDERDALE, FL 33312</u>
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3. <u>10/05/2022</u> Date of filing/registration in Florida	4. <u>L22000430167</u> Document number
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5. (a) ZENBUSINESS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
336 E. COLLEGE AVE.
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
SUITE 301
TALLAHASSEE, FL 32301

(b) Nelly Gispert
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
2136 Southwest 37 terrace
NEW Registered Office Address:
Ft. Lauderdale, FL 33312

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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.

/s/ Nelly De La Caridad Gispert _____ Signature of a member or authorized representative of a member	Nelly De La Caridad Gispert _____ Printed or typed name of signee
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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.

/s/ Nelly De La Caridad Gispert

 Signature of Registered Agent