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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC
Account Number	:	I2009000081	
Phone	:	(307)200-2803	
Fax Number	:	(813)436-5206	



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## LLC REGISTERED AGENT CHANGE ANDY WHITE PHOTOGRAPHY LLC

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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. N	lame of the limited liability company: <u>ANDY WHI</u> T		OGRAPHY LLC
2. (a)		(b)	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited fiability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	11/07/2022	 	.22000478066
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of t   476 RIVERSIDE AVE.   Registered Office Address   (MUST BE FLORIDA STREET A   JACKSONVILLE   FL	he Florida Dep ADDRESS <u>1</u> 32202 Office address	2024 HAR - 7 AMII: 19 SECULAHASSEE, FL
	St. Petersburg FL	33702	
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the 1 $\frac{1}{2} + \frac{1}{2} + \frac{1}{2$	's of the State the registered bility compa f the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in

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 of Registered Agent

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