Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

LLC REGISTERED AGENT CHANGE **ENVIRO FOTOGRAPHY 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. Na	ame of the limited liability company:	у		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addre	ss of limited liability company: Y BE POST OFFICE BOX
	01/04/23	L23	000010744	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	ZENBUSINESS INC.			
,	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:	
	336 E. COLLEGE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
	SUITE 301			
	TALLAHASSEE , FL	32301		
(b) ₋				
	Registered Agents Inc			2024 APR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	¥:	A Po
	7901 4th St N			表 : ::::::::::::::::::::::::::::::::::
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		<u>-</u>
	, FL	·		
the cha agent v was/wathe	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability comports of the limited	ed office and the buany, it is hereby colliability company lity company.	isiness office of the registered nfirmed that the change(s)
Signa	ture of a member or authorized representative of a member			ped name of signee
I here provisi the obi	by accept the appointment as registered agent and agritons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in i performance d for in Chaj hereby confi	this canacity -1 fur.	ther govee to comply with the
David	David Roberts - Assistant Source of Registered Agent	ecretary		
Signatu	ire of Registered Agent			