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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

the email address for this business entity to be used for future mail and the mail mailings. Enter only one email address please.** **発売mail Address:_**

LLC REGISTERED AGENT CHANGE ALMBERG IMAGERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	$\overline{02}$
Estimated Charge	\$25.00

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: Almberg Imagery	y LLC		
2. (a)	2010 N Hoagland BLVD	(1	2010 N H	oagland BLVD
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Kissimmee, FL 34741		Kissimme	e, FL 34741
	02/06/2023		L23000066	821
 (a) 	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	 		Document number
(b)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida	a Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2024 FEB 26 SHOWN AND	
	Jacksonville . FI	32202		EB 26
	Corporate Creations Network Inc.			Party mark
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office ad	dress:	AM 9: 44
	801 US Highway I			
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		-
	North Palm Beach, Fl	33408		-
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the 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	registere ability co of the lin	ed office an impany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	Kris	sten Espinale	s, Attorney-in-Fact
Signa	sture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agr ions 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 i d in writing of this change.	ree to act perform d for in C hereby co	in this cape ance of my e Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent