Florida Department of State Division of Corporations Electronic Hilling Cover Sheet

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MAY 0 1 2024

K. Brumbley

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.

. Na	me of the limited liability company: Ann Elizabeth Pho	otograph	y LLC	
(a)	4066 LOS ALTOS COURT (b) 4066 LOS		S ALTOS COURT	
.,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPLES, FL 34109	_	NAPLES	5, FL 34109
	05/01/2024		L23000150	0801
	Date of filing/registration in Florida	4.		Document number
(a)	LEGALINC CORPORATE SERVICES INC.			
()	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of Sta	ate:
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRES</u>	Z)	
	JACKSONVILLE , FL	32202		_
(b)	Corporate Creations Network Inc.			2024 NAY -
	Enter name of NEW Registered Agent and/or NEW Registered	Office as	ldress:	— <u> </u>
	801 US Highway I			— — — — — — — — — — — — — — — — — — —
	NEW Registered Office Address:			
				7: 2:
	North Palm Beach	33408		<u> </u>
	, FL		·	_
ange ent w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility co f the lin	ed office as ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
			•	z, Attorney-in-Fact
Signat	strella Tavarez ure of a member or authorized representative of a member			Printed or typed name of signee
heret rovisi	ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h	verform	ance of my	pacity. I further agree to comply with to duties, and I am lamiliar with and acc

notified in writing of this change.

Signature of Registered Agony