Florida Department of State 453 Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000151972 3)))



H240001519723ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC REGISTERED AGENT CHANGE TOM BEERS PHOTO LLC

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

2024 APR 25 FH 5: 42

Electronic Filing Menu

Corporate Filing Menu

Help

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	ame of the limited liability company:Tom Beers Pho	oto LLC				
(a)	44 BIRD OF PARADISE DRIVE		(b) _	44 BIRD C	OF PARADISE DRIV	√E
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(- <i>)</i> -		Mailing address of limit (Note: MAY BE POS	
	PALM COAST, FL 32137		- ! -	PALM CO	AST, FL 32137	
	04/25/2024		L	230001939	53	
(a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		1	Document number	
	Registered Agent and Registered Office shown on the records 476 RIVERSIDE AVE.	of the Flori	da D	rept, of State	:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>SS)</u>			
	JACKSONVILLE .	FL_32202				202 ⁱ
(b) ,						2024 APR 2
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	<u>ıddr</u> ı	622 :		<i>ा</i> ं
	801 US Highway I					□ :
	NEW Registered Office Address:					5։ կ2
	North Palm Beach	FL_33408				
nge nt v /we arti	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the attrella Tavarra	the registe lliability or s of the li- he limited	red comp mite l lial	office and pany, it is ed liability bility compla a Tavarez,	the business office hereby confirmed company or as oth pany. Attomey-in-Fact	e of the registered that the change(s) nerwise provided
gna	iture of a member or authorized representative of a member				Printed or typed name	of signee
herei ovisi e obl mere	Atralla awares fiture of a member or authorized represendative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d'in writing of this change.		ct in	this cana	Printed or typed name	e to comply

Signature of Registered Agon