Division of Corporations

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(((H24000042758 3)))



H240000427583ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:___



LLC REGISTERED AGENT CHANGE EB PHOTOGRAPHY AND FILM CO. LLC

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T. LEMIEUX

COVER LETTER

(((H24000042758 3)))

TO: Registration Section	(((1124000042736 3)))
Division of Corporations	
EB PHOTOGRAPHY AND FILM CO. LI SUBJECT:	LC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
LOVETTE DOBSON	388-462-3453
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H24000042758 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000042758 3)))

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.

I. No	nme of the limited liability company:EB PHOTOGR	RAPHY AND FILM CO	O.LIC
2. (a)	11322 MIRAMAR PKWY		IIRAMAR PKWY
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	SUITE# 1371	SUITE#	1371
	MIRAMAR, H. 33025		AR, FL 33025
	07/17/2023	1,2300033	7411
3. 3. (a)	Date of filing/registration in Florida EDUARDO ALVARADO	4.	Document number
	Registered Agent and Registered Office shown on the records of 11322 MIRAMAR PKWY	of the Florida Dept of St	SE SE
	Registered Office Address	TADDRESS)	FILED 2024 FEB -2 PH 12: 27 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
	MIRAMAR	FU	OF SOFT
(h)	REPUBLIC REGISTERED AGENT LLC		: 27
	Enter name of NEW Registered Agent und/or NEW Register	ed Office address:	
	1150 Nw 72nd Ave Tower I Ste 455		
	NEW Registered Office Address.		
	Miami	33126	<u> </u>
change agent v was/wi the arti	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the CALTYCIC.	he registered office a liability company, it s of the limited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signa	ture of a number of authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a lons of all statutes relative to the proper and complet lightions of my position as registered agent as provide dy reflect a change in the registered office address. I in writing of this change.	gree to act in this ca to performance of my led for in Chapter 66 I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 55. F.S. Or, if this document is being filed the limited liability company has been
Signatu	estey Dolan root Replaced Agent		(//1104000040750.0)))

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