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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Fracer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** ිසිEmail Address:_

LLC REGISTERED AGENT CHANGE CHARMING PIXELS PHOTOGRAPHY & DESIGN LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
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K. SALY

DEC 13 2024

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---|--|------------------|--|
| SUBJE | CHARMING PIXELS | В РНОТО | GRAPHY & DESIGN LLC |
| ., ., ., | | ne of Limited L | iability Company |
| Dear Si | ir or Madam: | | |
| The end | closed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. |
| Please r | return all correspondence concerning th | is matter to the | following: |
| Mike | Town | | |
| | Name of Person | | |
| Legal | zoom.com. Inc. | | |
| | Firm/Company | | |
| 9900 | Spectrum Dr | | |
| | Address | | ····· |
| Austin | n. TX 78717 | | |
| | City/State and Zip Code | | _ |
| charm | ningpixels@gmail.com | | |
| E- | -mail address: (to be used for future am | ual report noti | lication) |
| For furt | ther information concerning this matter | , please call: | |
| Mike 7 | Town | 800 at (| 773-0888 ext 9724 |
| *************************************** | Name of Person | | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Re Di P. | AHLING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314 |
| | Enclosed is a check for the following | ; amount: | |
| | □ \$25 Filing Fee | □ s | 55 Filing Fee & Certified Copy |

INHS18 (2/14)

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.

| 2. (a) | | (b) |
|------------------------------|---|--|
| c. (u) | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2656 HIGHWAY 69 | 2656 HIGHWAY 69 |
| | GRAND RIDGE, FL 32442 | GRAND RIDGE, FL 32442 |
| | 12/11/2024 | L24000513641 |
| 3. | Date of filing/registration in Florida | 4. Document number |
| 5. (a) | | |
| • | Registered Agent and Registered Office shown on the records of COOLEY, KRISTY L | |
| | Registered Office Address (MUST BE FLORIDA STREET) 2656 HIGHWAY 69 | 32442 Office address: S. INC. |
| | GRAND RIDGE . FL | 32442 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: |
| | UNITED STATES CORPORATION AGENT | S, INC. |
| | NEW Registered Office Address: | |
| | 476 Riverside Ave. | |
| | Jacksonville FL | 32202 |
| he cha agent w was/we | imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li | ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in |
| Cres | k Treedlein | Erik Treutlein |
| - | ture of a member or authorized representative of a member | Printed or typed name of signee |
| provisi he obli o merc | one of all statistic relative to the aroner and complete | ree to act in this capacity. I further agree to comply with the performance of my duties, and I am Jamiliar with and accep d for in Chapter 605. F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |

Signature of Registered Agent