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Division of Corporations
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****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
ZACH LEVITETZ PHOTOGRAPHY, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2016 APR 22 P 3:31

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APR 25 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZACH LEVITETZ PHOTOGRAPHY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lyle S. Genin

Name of Person

Beermann Pritikin Mirabelli Swerdlow LLP

Firm/Company

161 N. Clark Street, Suite 2600

Address

Chicago, IL 60601

City/State and Zip Code

corporateparalegal@beermannlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Schultheis

at (312) 621-9700

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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2016 APR 22 P 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: ZACH LEVITETZ PHOTOGRAPHY, LLC

2. (a) ZACH LEVITETZ PHOTOGRAPHY, LLC (b) ZACH LEVITETZ PHOTOGRAPHY, LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

5300 Broken Sound Blvd, NW #110
Boca Raton, FL 33487

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Same

09/08/2014

M14000006365

3. Date of filing/registration in Florida

4. Document number

5. (a) LYLE S. GENIN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5300 BROKEN SOUND BLVD NW #110

BOCA RATON, FL 33487

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature], Assistant Secretary
Signature of a member or authorized representative of a member

Lyle S. Genin

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System by: [Signature] James M. Halpin
Signature of Registered Agent Assistant Secretary

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

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