12218	Division of Corporations Florida Department of State 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.
	(((H18000099001 3)))
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
	To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
RECEIVED	REGISTERED AGENT CHANGE THE HARMONS PHOTOGRAPHY INC. Certificate of Status Certificate of Status Certified Copy Page Count Estimated Charge S43.75 NAR 2 9 2018 I ALBRITTON

÷.

COVER LETTER

TO: Amendment Section Division of Corporations

THE HARMONS PHOTOGRAPHY INC. SUBJECT:

Name of Corporation

P13000017950 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHEYENNE MOSELEY

Name of Contact Person

LEGALZOOM.COM, INC.

Firm/Company

101 N BRAND BLVD., 11TH FLOOR

Address

GLENDALE, CA 91203

City/State and Zip Code

mharmon@wearetheharmons.com

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

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. Name of Contact Person at (2007) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

4 of 4	2018-03-28 10:04:47 CD	DT 13233893150 From: Christi	an G
STATE	MENT OF CHANGE OF REGISTERED OFFIC BOTH FOR CORPORAT	CE OR REGISTERED AGENT OR	
	BOTH FOR CORFORAT	LIUNS	
	ne provisions of sections 607.0502, 617.0502, 607.15		
	hange is submitted for a corporation organized unde		
	der to change its registered office or registered agen		
1. The name of	of the corporation: THE HARMONS PHOTOGRA	APHY INC.	
2. The princip	bal office address: 4680 MIMOSA PLACE #805, C	COCONUT CREEK, FL 33073	<u> </u>
3. The mailin	g address (if different):		
4. Date of inc	orporation/qualification: 02/25/2013 Do	ocument number: P13000017950	
	and street address of the current registered agent and partment of State: (If resigned, enter resigned)	l registered office on file with the	
	UNITED STATES CORPORATION AGENT	TS, INC.	
	13302 WINDING OAKS COURT SUITE A		
	TAMPA, FL 33612		
6. The name : (if changed	and street address of the new registered agent (if chail):	inged) and /or registered office	Ĩ
	UNITED STATES CORPORATION AGENT	TS, INC.	
	13302 WINDING OAK COURT, SUITE A		ţ.
	P.O. Box NOT acceptable		2
	TAMPA, FL 33612		
The street ad as changed w	dress of its registered office and the street address of its registered office and the street address of its registered office and the street address of t		
Such change authorized by	was authorized by resolution duly adopted by its be y the board, or the corporation has been notified in y	oard of directors or by an officer so writing of the change.	
Sig	M THOMME MATT	THEW HARMON, President Privact or typed pane and title	
I hereby accu I further agre performance agent. Or, if hereby confu	pt the appointment as registered agent and agree to be to comply with the provisions of all statutes relat of my duties, and I am familiar with and accept the this document is being filed merely to reflect a cha m that the corporation has been notified in writing	to act in this capacity. ative to the proper and complete te obligation of my position as registered ange in the registered office address, I g of this change.	
	Che	3/28/2018	
	Signature of Registered Agent	Date	

Signature of Registered Agent

If signing on behalf of an entity:

To:

CHEYENNE MOBELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATES CORFORATION AGENTS, INC

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

5 .

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)