I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHRIYAN SANMUGANATHAN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000127449

Entity Name: SHRIYAN PHOTOGRAPHY LLC

Current Principal Place of Business:

19440 LONESOME PINE DR LAND O LAKES, FL 34638

Current Mailing Address:

19440 LONESOME PINE DR LAND O LAKES. FL 34638 US

FEI Number: 27-4315276

Name and Address of Current Registered Agent:

SANMUGANATHAN, SHRIYAN 19440 LONESOME PINE DR LAND O LAKES, FL 33543 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorize

| Title | MGR | Title | MGRM |
|-----------------|------------------------|-----------------|------------------------|
| Name | SANMUGANATHAN, SHRIYAN | Name | WEERASINGHE, KALUM |
| Address | 19440 LONESOME PINE DR | Address | 19440 LONESOME PINE DR |
| City-State-Zip: | LAND O LAKES FL 34638 | City-State-Zip: | LAND O LAKES FL 34638 |

| 0 | • | | | | |
|------------------------|--|-------|--------------------|--|--|
| | Electronic Signature of Registered Agent | | | | |
| zed Person(s) Detail : | | | | | |
| | MGR | Title | MGRM | | |
| | SANMUGANATHAN, SHRIYAN | Name | WEERASINGHE, KALUM | | |
| | | | | | |

Certificate of Status Desired: No

04/05/2019 Date

Date