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: SANTIAGO MARTINEZ

 $\label{eq:electronic Signature of Signing Authorized Person(s) \ Detail$

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000128419

Entity Name: PHOTOGRAPHY AND BUSINESS WORKSHOPS LLC

Current Principal Place of Business:

8901 SW 157 AVE #16-125 MIAMI, FL 33196

Current Mailing Address:

8901 SW 157 AVE #16-125 MIAMI, FL 33196

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

MARTINEZ, SANTIAGO 8901 SW 157 AVE #16-125 MIAMI, FL 33196 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| MGR | Title | MGR |
|--------------------------|---|---|
| MARTINEZ, SANTIAGO | Name | RODRIGUEZ, BRYAN |
| 8901 SW 157 AVE, #16-125 | Address | 8901 SW 157 AVE, #16-125 |
| MIAMI FL 33196 | City-State-Zip: | MIAMI FL 33196 |
| | MGR MARTINEZ, SANTIAGO 8901 SW 157 AVE, #16-125 | MGRTitleMARTINEZ, SANTIAGOName8901 SW 157 AVE, #16-125Address |

MANAGER 05/01/2015 red Person(s) Detail Date

FILED May 01, 2015 Secretary of State CC2744425952

Date

Certificate of Status Desired: No