# 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: ALICIA RIUS

Electronic Signature of Signing Officer/Director Detail

Entity Name: ALICIA RIUS PHOTOGRAPHY CORP Current Principal Place of Business:

1252 FRANKLIN ST D SANTA MONICA, CA 90404

#### **Current Mailing Address:**

DOCUMENT# P14000048771

1252 FRANKLIN ST D SANTA MONICA, CA 90404

#### FEI Number: 47-1000230

## Name and Address of Current Registered Agent:

RIUS, ALICIA 15461 SW 137 CT MIAMI, FL 33177 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: ALICIA RIUS

Electronic Signature of Registered Agent

### Officer/Director Detail :

TitlePNameRIUS, ALICIAAddress1252 FRANKLIN ST # DCity-State-Zip:SANTA MONICA CA 90404

#### FILED Dec 03, 2015 Secretary of State CR7226816638

Certificate of Status Desired: Yes

12/03/2015

Date