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: CHRISTINE HOLTZMAN

Electronic Signature of Signing Authorized Person(s) Detail

LAND O LAKES. FL 34637

Current Principal Place of Business:

Current Mailing Address:

21249 SOUTHERN CHARM DR

DOCUMENT# L15000107147

21249 SOUTHERN CHARM DR LAND O LAKES. FL 34637 US

FEI Number: 47-4451006

Name and Address of Current Registered Agent:

HOLTZMAN, CHRISTINE 21249 SOUTHERN CHARM DR LAND O LAKES, FL 34637 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 :

Title	AMBR	Title	AUTHORIZED REPRESENTATIVE
Name	HOLTZMAN, CHRISTINE	Name	HOLTZMAN JR, ROBERT
Address	21249 SOUTHERN CHARM DR	Address	21249 SOUTHERN CHARM DR
City-State-Zip:	LAND O LAKES FL 34637	City-State-Zip:	LAND O LAKES FL 34637

AMBR

Entity Name: CHRISTINE HOLTZMAN PHOTOGRAPHY, LLC

FILED Apr 08, 2019 Secretary of State 9706451484CC

Certificate of Status Desired: No

Date

04/08/2019 Date