## 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.

AMBR

SIGNATURE: CHRISTINE HOLTZMAN

Electronic Signature of Signing Authorized Person(s) Detail

## FEI Number: 47-4451006 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

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

21249 SOUTHERN CHARM DR LAND O LAKES. FL 34637

**Current Mailing Address:** 

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     |

Entity Name: CHRISTINE HOLTZMAN PHOTOGRAPHY, LLC

FILED May 10, 2020 Secretary of State 3018835744CC

Certificate of Status Desired: No

Date

05/10/2020 Date