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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:							
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## REGISTERED AGENT CHANGE LIFEWAVE, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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statement of cha	provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State of <u>G</u>	eorgia				
L. The name of t	he corporation: LifeWave Inc.						
	office address: 7901 4th St N STE 30	00					
St. Petersbui			<u>.                                      </u>				
3. The mailing a	ddress (if different): 7901 4th St N S	TE 300 St. Petersburg FL 337	702				
	xoration/qualification: 04/02/20						
	I street address of the current registered ag timent of State: (If resigned, enter resigned		h the				
	C T CORPORATION SYSTI	EM					
	1200 SOUTH PINE ISLAND RD						
	PLANTATION, FL 33324						
6. The name and (if changed):	2023 HAY -3 SECRETARA STALLAHA						
	7901 4th St N STE 300		芸 4				
	St. Petersburg FL 33702	M 9: 2					
The street addre	ess of its registered office and the street a be identical.	address of the business office of its	regisitived agent.				
Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an o itied in writing of the change.	efficer so				
Davitel Signatur	Schmidt e of an officer or director	David Schmidt, CEO					
l furthèr agrée t of my dutiès, an document is bei	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblis ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or if this confirm that the				
TAN-		05/03/2023					
Sign	nature of Registered Agent	Date	<del></del>				
If signing on be	half of an entity:						
Taylor New							
Ty	# * * ETE INC ER	₽. \$15 nn * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, Tallahassee, FL 32314 CR2E045 (04/13)