819 PARK ST JACKSONVILL	E, FL 32204-3322			
Current Ma	ling Address:			
819 PARK S JACKSONV	ST ILLE, FL 32204-3322			
FEI Number: 59-1924793		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
LEWIS, JAMES 819 PARK ST JACKSONVILL	5 E, FL 32204 US			
The above name	d entity submits this statement for the purpose of changing its re	aistered office or reais	tered agent, or both, in the State of Florida.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		
SIGNATURI	E: JAMES LEWIS			4/30/2019
SIGNATURI				4/30/2019 Date
	E: JAMES LEWIS			
	E: JAMES LEWIS Electronic Signature of Registered Agent	Title		
Officer/Dire	E: JAMES LEWIS Electronic Signature of Registered Agent ctor Detail :		04	
Officer/Dire Title	E: JAMES LEWIS Electronic Signature of Registered Agent Ctor Detail : TREA	Title	04 ASST. TREASURER, SECRETARY	
Officer/Dire Title Name	E: JAMES LEWIS Electronic Signature of Registered Agent Ctor Detail : TREA LEWIS, JAMES 819 PARK ST.	Title Name	04 ASST. TREASURER, SECRETARY PINKERTON, MILDRED 4358 TIMUQUANA RD #147	
Officer/Dire Title Name Address	E: JAMES LEWIS Electronic Signature of Registered Agent Ctor Detail : TREA LEWIS, JAMES 819 PARK ST.	Title Name Address	04 ASST. TREASURER, SECRETARY PINKERTON, MILDRED 4358 TIMUQUANA RD #147	
Officer/Dire Title Name Address City-State-Zip:	E: JAMES LEWIS Electronic Signature of Registered Agent Ctor Detail : TREA LEWIS, JAMES 819 PARK ST. JACKSONVILLE FL 32204	Title Name Address	04 ASST. TREASURER, SECRETARY PINKERTON, MILDRED 4358 TIMUQUANA RD #147	
Officer/Dire Title Name Address City-State-Zip: Title	E: JAMES LEWIS Electronic Signature of Registered Agent Ctor Detail : TREA LEWIS, JAMES 819 PARK ST. JACKSONVILLE FL 32204 P	Title Name Address	04 ASST. TREASURER, SECRETARY PINKERTON, MILDRED 4358 TIMUQUANA RD #147	

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES LEWIS

TREASURE

04/30/2019

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 745878

Entity Name: THE LIFE CENTER, INC.

Current Principal Place of Business:

FILED Apr 30, 2019 Secretary of State 2821846621CC

Date