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.

PRESIDENT

SIGNATURE: ROLANDO SANCHEZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N09000012109

Entity Name: PROFESSIONAL HEALTHED BROKERS, INC

Current Principal Place of Business:

% ROLANDO SANCHEZ 169 E FLAGLER STREET, SUITE 800 MIAMI, FL 33131-1296

Current Mailing Address:

% ROLANDO SANCHEZ 169 E FLAGLER STREET, SUITE 800 MIAMI, FL 33131-1296

FEI Number: 27-1552584

Name and Address of Current Registered Agent:

SANCHEZ, ROLANDO 169 E FLAGLER STREET SUITE 800 MIAMI, FL 33131 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

Officer/Director Detail :

Title	PD	Title	SD
Name	SANCHEZ, ROLANDO	Name	SANCHEZ, ALEXIS
Address	169 E FLAGLER STREET, SUITE 800	Address	169 E FLAGLER STREET, SUITE 800
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	TD		
Name	SANCHEZ, DANIEL		
Address	169 E FLAGLER STREET, SUITE 800		
City-State-Zip:	MIAMI FL 33131		

Certificate of Status Desired: No

FILED Feb 07, 2019 Secretary of State 1699697742CC

> 02/07/2019 Date

Date