I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e		
above, or on an attachment with all other like empowered.		
SIGNATURE BERNICE JOHNSON	PRESIDENT	02/20/2019

SIGNATURE: BERNICE JOHNSON

I

Electronic Signature of Signing Officer/Director Detail

FEI Number: 75-3097340 Name and Address of Current Registered Agent:

JOHNSON, BERNICE A DR. 605 E CENTRAL AVENUE WINTER HAVEN, FL 33880 US

DOCUMENT# P03000042500

605 E CENTRAL AVENUE WINTER HAVEN, FL 33880-3056

Current Mailing Address: 605 E CENTRAL AVENUE

WINTER HAVEN. FL 33880-3056

Current Principal Place of Business:

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: BERNICE A JOHNSON D.C.

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES
Name	JOHNSON, BERNICE A DR.
Address	605 E. CENTRAL AVENUE
City-State-Zip:	WINTER HAVEN FL 33880

Entity Name: ANGELIC CHIROPRACTIC & HEALTH SERVICES, INC.

Certificate of Status Desired: No

02/20/2019

Date

Date

FILED Feb 20, 2019 Secretary of State 7970362984CC

PRESIDENT