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

SIGNATURE: JANNE LOMASKY, PSY.D.

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P06000080669

Entity Name: A HEALTHY MIND FOR YOU, INC.

## **Current Principal Place of Business:**

370 CAMINO GARDENS BLVD SUITE 342 BOCA RATON, FL 33432

### **Current Mailing Address:**

PO BOX 1321 BOCA RATON, FL 33429 US

## FEI Number: 16-1763429

# Name and Address of Current Registered Agent:

LANDER, STEVEN ESQ 315 SE 7TH STREET SUITE 100 FT LAUDERDALE, FL 33301 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:

#### **Officer/Director Detail :**

	Title	PD	Title	MGR
	Name	LOMASKY, HARYCE	Name	LOMASKY, JANNE
	Address	370 CAMINO GARDENS BLVD STE 342	Address	370 CAMINO GARDENS BLVD STE 342
	City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

Date Electronic Signature of Registered Agent

MANAGER

03/14/2017

FILED Mar 14, 2017 Secretary of State CC5762394886

Certificate of Status Desired: No

Date