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.

PRESIDENT

SIGNATURE: JOSE DORTA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P11000010767

Entity Name: HEALTH TECH TRAINING INSTITUTE INC.

Current Principal Place of Business:

7080 SW 23RD ST 206 MIAMI, FL 33155

Current Mailing Address:

7080 SW 23RD ST 206 MIAMI, FL 33155 US

FEI Number: 27-4726050

Name and Address of Current Registered Agent:

DORTA, JOSE O 7080 SW 23RD ST 206 MIAMI, FL 33155 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	Р	Title	D
Name	DORTA, JOSE O	Name	DORTA, JOSE C.
Address City-State-Zip:	7080 SW 23RD ST 206 MIAMI FL 33155	Address	1510 INDIAN WAY
		City-State-Zip:	CUMMING GA 30040

FILED Jan 15, 2022 Secretary of State 3403136722CC

Certificate of Status Desired: No

01/15/2022

Date

Date