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: CHERYL A GIANGRANTE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000061291

Entity Name: GULF COAST INSTITUTE OF ANTI-AGING, INC.

Current Principal Place of Business:

8878 EAST STATE ROAD 70 102 LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8878 EAST STATE ROAD 70 102 LAKEWOOD RANCH, FL 34202 US

FEI Number: 46-3257858

Name and Address of Current Registered Agent:

GIANGRANTE, CHERYL 8878 EAST STATE ROAD 70 SUITE 102 LAKEWOOD RANCH, FL 34202 US

City-State-Zip: LAKEWOOD RANCH FL 34202

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	PVST	Title	D
	Name	GIANGRANTE, CHERYL	Name	GIANGRANTE, CHERYL
	Address	8878 STATE ROAD 70 EAST	Address	8878 STATE ROAD 70 EAST
	City-State-Zip:	LAKEWOOD RANCH FL 34202	City-State-Zip:	LAKEWOOD RANCH FL 34202

PRESIDENT

01/11/2021

FILED Jan 11, 2021 Secretary of State 7099974495CC

Certificate of Status Desired: No

Date

Date