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:	MARLEN RUIZ			02/03/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title I	PSTD	Title	VP	
Name I	RUIZ, MARLEN	Name	LOZANO QUINTANA, GERLIS	

Address

7270 SW 12TH STREET MIAMI, FL 33144

DOCUMENT# P13000089574

Entity Name: KARMA THERAPY, INC.

Current Principal Place of Business:

Current Mailing Address:

7270 SW 12TH STREET MIAMI, FL 33144 US

FEI Number: 46-4021977

City-State-Zip: MIAMI FL 33144

Name and Address of Current Registered Agent:

7270 SW 12TH STREET

RUIZ, MARLEN 7270 SW 12TH STREET MIAMI, FL 33144 US

Title Name Address

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: GERLIS LOZANO QUINTANA

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

7270 SW 12TH STREET

City-State-Zip: MIAMI FL 33144

02/03/2022 Date

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

VP