above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY CROSS	

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 333 SE 2ND AVENUE **SUITE 2000**

MIAMI, FL 33131

Current Mailing Address:

DOCUMENT# P19000084741

333 SE 2ND AVENUE **SUITE 2000** MIAMI, FL 33131 US

FEI Number: 47-5004691

Name and Address of Current Registered Agent:

CROSS, ASHLEY 333 SE 2ND AVENUE **SUITE 2000** MIAMI, FL 33131 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

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ODYSSEY HEALTH GROUP INCORPORATED

Officer/Director Detail :

Title Р CROSS, ASHLEY N Name 333 SE 2ND AVENUE Address City-State-Zip: MIAMI FL 33131

CEO

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

FILED Mar 25, 2020 Secretary of State 0453969794CC

Certificate of Status Desired: Yes

03/25/2020

Date

Date