Electronic Signature of Signing Authorized Person(s) Detail

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Entity Name: ACUPUNCTURE AND NATURAL HEALTH SOLUTIONS, PLLC

Current Principal Place of Business:

2355 VANDERBILT BEACH ROAD SUITE 146 NAPLES, FL 34109

Current Mailing Address:

6017 PINE RIDGE RD #347 NAPLES, FL 34119 US

FEI Number: 27-0737387

Name and Address of Current Registered Agent:

EATROS, TONI L 6017 PINE RIDGE RD #347 NAPLES, FL 34119 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

Authorized Person(s) Detail :

TitleMGRMNameEATROS, TONI LAddress1813 AVIAN COURTCity-State-Zip:NAPLES FL 34119

FILED Apr 04, 2023 Secretary of State 1629560182CC

Certificate of Status Desired: No

Date

04/04/2023

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078635

that my name appears above, or on an attachment with all other like empowered. SIGNATURE: TONI EATROS

MANAGING MEMBER 0