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

DR.

| SIGNATURE: | XIANHUI LI |
|------------|------------|
| | |

DOCUMENT# L1000002922

Entity Name: SERENE LIFE ACUPUNCTURE, LLC

Current Principal Place of Business:

9420 SW 77 AV 101 MIAMI, FL 33156

Current Mailing Address:

9735 SW 144 ST MIAMI, FL 33176 US

FEI Number: 27-2607616

Name and Address of Current Registered Agent:

LI, XIANHUI DR. 9735 SW 144 ST MIAMI, FL 33176 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 :

| - |
|---|
| 6 |
| |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 20, 2015 Secretary of State CC7319035429

Certificate of Status Desired: No

Date

04/20/2015 Date