| Name and A | Address of Current Registered Agent: | | |
|--|--|---------------------------------|---------------------------------|
| JAMES, MICHA 8430 MONTRA #313 TEMPLE TERF | - | | |
| The above name | d entity submits this statement for the purpose of changin | ng its registered office or reg | gistered agent, or both, in the |
| SIGNATUR | Ξ: | | |
| | Electronic Signature of Registered Agent | | |
| Authorized | Person(s) Detail : | | |
| Title | MGR | Title | MGR |
| | | | |

11700 N. 58TH STREET, SUITE J TEMPLE TERRACE, FL 33617

DOCUMENT# L11000134984

Current Mailing Address:

8430 MONTRAVAIL CIRCLE#313 TEMPLE TERRACE. FL 33637

Current Principal Place of Business:

FEI Number: 45-2936974

N

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: METAMORPHOSIS LIFE REVITALIZING CENTER, LLC

e State of Florida.

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| Title | MGR | Title | MGR |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | JAMES, MICHAEL LJR. | Name | JACKSON-JAMES, APRIL M |
| Address | 8430 MONTRAVAIL CIRCLE #313 | Address | 8430 MONTRAVAIL CIRCLE #313 |
| City-State-Zip: | TEMPLE TERRACE FL 33637 | City-State-Zip: | TEMPLE TERRACE FL 33637 |

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.

SIGNATURE: MICHAEL JAMES

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes