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: ASWAN LYONS

I

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 1CHANCE 1LIFE ENTERTAINMENT LLC **Current Principal Place of Business:**

14821 POLK ST MIAMI, FL 33176

Current Mailing Address:

DOCUMENT# L12000125293

14821 POLK ST MIAMI, FL 33176

FEI Number: 47-1577484

Name and Address of Current Registered Agent:

LYONS, ASWAN 14821 POLK 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:	ASWAN LYONS		06/25/2020		
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	CEO	Title	MGRM		
Name	LYONS, ASWAN	Name	LYONS, HAVIAN		
Address	14821 POLK ST	Address	14821 POLK ST		
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176		

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ASWAN LYONS

06/25/2020 Date

FILED Jun 25, 2020 Secretary of State 8653520347CC

Certificate of Status Desired: No