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: ROBERT MORSE

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: PORT CHARLOTTE FL 33953 City-State-Zip: PORT CHARLOTTE FL 33953

SIGNATURE:

Authorized Person(s) Detail :			
Title	MBR, OWNER	Title	MGR
Name	MORSE, ROBERT S	Name	MORSE, BRENDA
Address	525 TAMIAMI TRAIL, UNIT 1	Address	525 TAMIAMI TRAIL, UNIT 1
		0.11 01 11 7.11	DODT OUNDLOTTE EL 00050

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.

SCIENCES, LLC **Current Principal Place of Business:**

1032 TAMIAMI TRAIL UNIT 7 PORT CHARLOTTE, FL 33953

DOCUMENT# L16000061583

Current Mailing Address:

1609 GALENA AVE PORT CHARLOTTE, FL 33954 US

FEI Number: 38-4000635

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATE CREATIONS NETWORK, INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

Certificate of Status Desired: No

02/02/2023

Date

Date

FILED Feb 02, 2023 Secretary of State 1663197003CC

OWNER