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

SIGNATURE: SASKIA MADISON

Electronic Signature of Signing Authorized Person(s) Detail

13153 SW 25TH PLACE DAVIE. FL 33325

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L18000040591

13153 SW 25TH PLACE DAVIE, FL 33325

FEI Number: 82-4561527

Name and Address of Current Registered Agent:

MADISON, SASKIA 13153 SW 25TH PLACE DAVIE, FL 33325 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: SASKIA MADISON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MANAGER Name MADISON, SASKIA Address 13153 SW 25TH PLACE City-State-Zip: DAVIE FL 33325

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

Certificate of Status Desired: No

FILED Mar 12, 2020 Secretary of State 5896340769CR

03/12/2020 Date

Date

03/12/2020

MGR

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: MADRX HEALTH AND PHARMACY CONSULTING LLC