FILED May 22, 2002 8:00 am § Secretary of State

05-22-2002 90225 035 ****50.00

DOCUMENT

L0000001447 1. Entity Name

DYNAMIC LIFE ASIA, LLC

Principal Place of Business

6925 112TH CIRCLE NORTH STE 101 LARGO FL 20773

Mailing Address

6925 112TH CHROLD NORTH

STE 101 LARGO FL 33773

2. Principal Place of Business 12379 Belcher RLS, MANO	3. Mailing Address 12399 Belcher Rd. S. 486
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lango FL	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3640809 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33777-3052 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANEJA, JUGAL K Street Address (P.O. Box Number is Not Acceptable) 6950 BRYAN DAIRY ROAD **LARGO FL 33777** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Addition DYNAMIC LIFR INC NAME NAME STREET ADDRESS 6925 112TH CIRCLE NORTH, STE 101 STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐. Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete ☐ Change Addition NAMĚ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E083

☐ Addition