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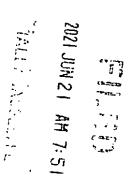
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Heal Productions, LLC		
SUBJI		Name of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Bret Ca	ırr		
	Name of Person		
Heal P	extuctions, LLC		
	Firm/Company		
6060 M	lanasota Key Road		
•	Address		
Englew	coxd, FL 34223		
	City/State and Zip Co	de	- -
laurie@	dolphinology.org, carrbret@mac.com		
E	-mail address: (to be used for future	annual report notif	fication)
For fur	ther information concerning this ma	tter, please call:	
Laurie	Lamson	310 at (447-1789
	Name of Person	*** C	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 6060 Manasota Key Road Englewood, FL 34223 April 29, 2021 L11000112240 3. Date of filing/registration in Florida Principal office address April 29, 2021 L11000112240 3. Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 Brickell Avenue, #950 Miami FL 33131 Gregory S. Band, LL.M. Enter name of NEW Registered Agent and/or NEW Registered Office address: One South School Avenue, Suite 500 Sarasota FL 34237 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the address of organization on the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the obligations of any position are registered agent and complete performance of methods. In this document is being filed output of the green and of the green and complete performance of methods. In this document is being filed output of the green and only the address. I hereby confirm that the limited liability company has been of the proper and complete performance of methods. In the limited liability company has been of the proper and complete performance of methods. In the limited liability company has been of the pr	1.	Na	ame of the limited liability company: Heal Productions,	LLC	_					
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