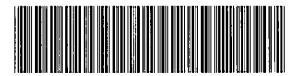
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Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

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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.

I. Na	ume of the limited liability company: Worthy Ski	ncare, LL	С				
2. (a)	• • •	(H	n)				
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of l (Note: MAY BE		•	
	27042 Laurel Chase Lane		27042 L	aurel Chase l	ane		
	Wesley Chapel, FL 33544		Wesley	Chapel, FL 33	3544		
	July 12, 2018		L180001	68468			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	Incorp Services, Inc.						
(4)	Registered Agent and Registered Office shown on the records	of the Florida	Dept of Stat	ie			
	260 1st Ave. S #200-130						
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u> </u>				
	St. Petersburg	33701		- -	·	29	
(b)	Incorp Services, Inc.			_	: - <u></u>	2018 J UL 13	
	Intername of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ad	dress		* . \$	<u>-</u>	 , ,
	17888 67th Court North				₹5 -: <u>\$2</u> ! -:	P III	<u> </u>
	NEW Registered Office Address:			_		3: 23	ζ.
	Loxahatchee	_{FL} 33470		_			
the cha agent w was/we the artic	mited liability company is not organized under the nge or changes are made, the Florida street address iff besidentical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operation of a member of a	of the regis Hiability cos of the lim he limited I	stered office ompany, it i sited liabilit	e and the busines s hereby confirm y company or as npany.	is office of the second of the	of the rate change provide	(हल.२) द्वी:शदावय्
I hereh provision the obli to mere	oy accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi fy reflect a change in the registered office address.	igree to act de performa ded for in (I hereby co	in this cap ance of my hapter 602 onfirm that	acity. I further o duties, and I am 5 F.S. Or if this the limited liabil	igree to c Jamiliar documen lity comp	omply with ar at is be any ha	with the id accept ing filed cheen

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

- OU BEHALF OF THISTRA CENTURY THOU.

potitived in scritting of this change.

Signature of Registered Agent