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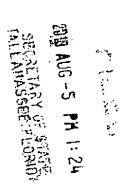
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COVER LETTER

TO:	Registration Section
	Division of Corporations

Alle San Carlotte Division of Corporations LONDON HEALTH SCIENCES LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KAYA DUMAN Name of Person LONDON HEALTH SCIENCES LLC Firm/Company 3123 OAKLAND SHORES DR 102D Address OAKLAND PARK, FL 33309 City/State and Zip Code kayaduman@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAYA DUMAN Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

1.	Nat	ne of the limited liability company: LONDON HEA	ALTH	SCIENCES	S LLC	
	(a) .					mited liability company:
	.,.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N		mited liability company: POST OFFICE BOX)
		3123 OAKLAND SHORES DR 102D		3123 OA	1	RES DR 102D
		OAKLAND PARK, FL 33309	_		ID PARK, FL	
			_			
		03/18/2019		L1900007	4316	
3.		Date of filing/registration in Florida	4.		Document numb	per
5.	(a)	KAYA DUMAN				
	\ ->	Registered Agent and Registered Office shown on the records of t	he Florid	da Dept, of State	:	
		Registered Office Address (MUST BE FLORIDA STREET.4	DDRES	227		
		3123 OAKLAND SHORES DR 102D				
		OAKLAND PARK FL	3330	9		三名 墨
	(b)	Kaya Duman				E CORE
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		5
						3
		NEW Registered Office Address:			•	
	•	1761 w hillsboro blvd ste 326		·····	-	37
		Deerfield beach	3344	2		
th ag w	e cha ent v	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of organization or the operating agreement of the	the regability of the li	gistered office company, it is mited liability d liability con	e and the busines is hereby confirm y company or as apany.	ss office of the registered ned that the change(s) otherwise provided in
_	Signa	ture of a member or authorized representative of a member	TIMI	<u> </u>	Printed or typed n	DUMAN ame of signee
th to	here ovis e ob	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did no writing of this change.	ree to a perfor d for in hereby	act in this cap mance of my a Chapter 602 confirm that	acine I further.	agree to comply with the
S	ignati	re of Registered Agent				