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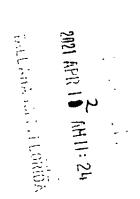
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COVER LETTER

TO:

INHS18 (2/14)

	Registration Section Division of Corporations		•		
SUBJEC	LONDON HEALTH SCIENCES	LLC			
.,(,1)()1)(.	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered C	ffice Change an	d fee(s) are submitted for filing.		
Please re	turn all correspondence concerning	this matter to the	e following:		
OKAN T	ORUN				
	Name of Person				
LONDO	N HEALTH SCIENCES LLC				
	Firm/Company				
1761 W	HILLSBORO BLVD, STE 326				
	Address				
DEERFI	ELD BEACH, FL 33442				
	City/State and Zip Code	;			
	in@londonhealthsciences.com		_		
E-1	mail address: (to be used for future a	innual report not	ification)		
For furth	ner information concerning this matt	er, please call:			
Okan Te	กาเก	305 at (7834364)		
·	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ing amount:			
■ \$25 Filing Fee		a	\$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.

1. Na	ime of the limited liability company: LONDON H	EALTH SCIENC	ES LLC
2. (a)		(b)_	
Z. (d)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	1761 W HILLSBORO BLVD, STE 326	10	761 W HILLSBORO BLVD, STE 326
	DEERFIELD BEACH, FL 33442	D	BERFIELD BEACH, FL 33442
	03/18/2019	LP	2000074316
3	Date of filing/registration in Florida	4.	Document number
5. (a)	Okan Torun		
5. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florida De	pt, of State:
	Registered Office Address <u>(MUST BE FLORIDA STR.</u>) 1761 W HILLSBORO BLVD, STE 326	EET ADDRESS)	2021 APR 13.
	DEERFIELD BEACH	, FL 33442	
(b)	OKAN TORUN Enter name of NEW Registered Agent and/or NEW Regis	stered Office addre	
	NEW Registered Office Address:		
	432 NW 70th Ave Unit 132		
	Plantation	.FL.33317	- ····
change agent was/w	limited liability company is not organized under free or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the registered compount of the register of the limite	any, it is hereby confirmed that the change(s) disability company or as otherwise provided in
	agoutoun		Okan Torun
	dure of a member or authorized representative of a member		Printed or typed name of signec
I here provis the ob- to mer notifie	by accept the appointment as registered agent un ions of all statutes relative to the proper and com- ligations of my position as registered agent as pre- cly reflect a change in the registered office addre- d in writing of this change.	d agree to act in plate performanc wided for in Cha ss, i hereby conf	this capacity. I farther agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

Signature of Registered Agent