(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Y SULKER OCT 1 5 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195						
REFERENCE	: (103832) 8150664						
AUTHORIZATION	: (103832) 8150664 Spell Reman						
COST LIMIT	: \$ 25.00						
ORDER DATE : October 13, 2021							
ORDER TIME : 9:24 AM							
ORDER NO. : 103832-010							
CUSTOMER NO: 8150664							
CHANGE OF A	GENT						
NAME: DIGNITY HEALING LLC							
III. DIGNITI TEMBLI	NG THE						
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker	EXT#						

EXAMINER:

## 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. N	ame of the limited liability company:	LLC		
2. (a)	120 State Market Road, Pahokee, FL 33476		(b) 120 Star	te Market Road, Pahokee, FL 33476
`,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	December 20, 2019	<del>-</del>	L2000000	3016
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				_
	Registered Agent and Registered Office shown on the records of 5237 Summerlin Commons, Suite 400	the Florid	la Dept. of St	ate;
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>	<del></del>
	Fort Myers, FL	33907		7021 Co
(b)	Corporation Service Company			- man
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			TARY OF
	1201 Hays Street			DELICT II, MHIO: 47  THE TARY OF STATE  THE TARK SEE, FL
	NEW Registered Office Address:		_	
	Tatlahassee, FL	32301		_
agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	register bility co f the lin	ed office ar impany, it i nited liabili	ind the business office of the registered is hereby confirmed that the change(s)
	dam Bhaijee	Ada	ım Bhaijee,	Chief Financial Officer of Manager
	are of a member or authorized representative of a member			Printed or typed name of signee
he obli o merei otified	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act perform for in ( ereby co	in this cap ance of my Chapter 60: Onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
/	of Registered Agent			