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A. BUTLER AUG 3 U 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : - 920.6396CL 18307562

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: August 29, 2022

ORDER TIME : 9:50 AM

ORDER NO. : 911639-002

CUSTOMER NO: 8307562

CHANGE OF AGENT

NAME: IMHEALTHYTODAY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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	me of the limited liability company:	DAY, L	LC		
2	(a)	1700 79TH ST CAUSEWAY	((b)	1700 79TH ST	CAUSEWAY
-	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	. •)	Mailin	g address of limited liability company: te: MAY BE POST OFFICE BOX)
		SUITE 120	_		SUITE 120	
		NORTH BAY VILLAGE, FL 33141			NORTH BAY V	/ILLAGE, FL 33141
		05/07/2020		L	.20000123672	
 3. 5. 	(2)	Date of filing/registration in Florida RUFIN, MARIA	4.		Doci	ament number
J.	(a)	Registered Agent and Registered Office shown on the records of t	he Floric	Ja I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>		v: 12
		NORTH BAY VILLAGE, FL	33141			Z022 AUG
	(b) Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company			Office address:		29 PH 12:
		NEW Registered Office Address:				- S S
		1201 Hays Street				
		Tallahassee	32301			
chaga aga wa	ange ent w s/we	emited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lir	red om nit	office and the pany, it is here ed liability com	business office of the registered by confirmed that the change(s) pany or as otherwise provided in
/S/ Natalie Logan Natalie Logan. A					ie Logan, Autho	orized Representative
5	Signat	ure of a member or authorized representative of a member			Printe	ed or typed name of signee
pre the to	ovisio obli mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	e to ac perform for in ereby c	t in tan Ch on	this capacity, ce of my duties apter 605, F.S. firm that the liv	I further agree to comply with the cand I am familiar with and accept Or, if this document is being filed nited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President