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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE LIVING HEALTHY HABITS LLC

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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.

(a)		(b) _	
3.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/05/2021 Date of filing/registration in Florida	<u>_</u>	_21000155541 Document number
(a)	LINITED STATES CORPORATION ACENT	C INC	
. (a)	UNITED STATES CORPORATION AGENT Registered Agent and Registered Office shown on the records of the state of t		
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
			22
(b)	JACKSONVILLE , FL	32202	2023 Acc.
	Registered Agents Inc		ess: - TE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	7901 4th St N		9: E
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
cha ent v s/we	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 liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com If the limite limited lia	ered office and the business office of the regist apany, it is hereby confirmed that the change(s ed liability company or as otherwise provided
~~	ture of a member or authorized representative of a member	. (0011	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent