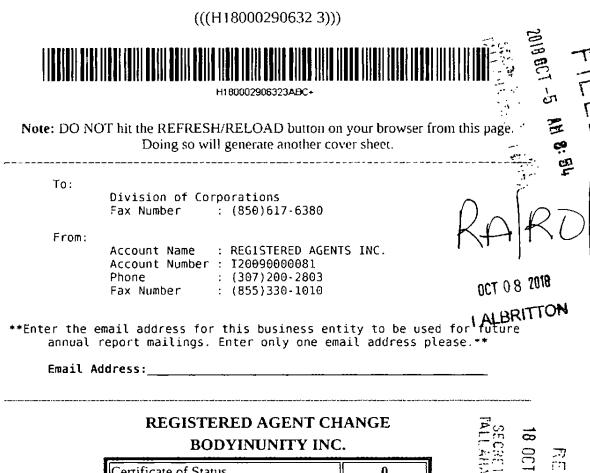
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	
The name of the corporation: BodyInUnity Inc.	
2. The principal office address: 379 E. Broadway Suite 1007	
OVIEDO. FL 32765	
3. The mailing address (if different): 200 ANGEL TRUMPET WAY	
OVIEDO, FL 32765	
4. Date of incorporation/qualification: 05/02/2011 Document number: N11000004333	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
BUSINESS FILINGS INCORPORATED	
1200 South Pine Island Road	
Plantation, FL 33324	
Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	T
Registered Agents Inc.	П
3030 N. Rocky Point Dr. STE 150A	
P.O. Box NOT acceptable	
Tampa FL 33607	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Kristen Johnson, President Kristen Johnson, President	
Signature of an other or director 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Bill Hame 10/4/2018	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
BIII Havre	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)