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COVER LETTER

TO: Amendment Section Division of Corporations

International Academy of Health Preference Research Foundation, INC. SUBJECT:

Name of Corporation

DOCUMENT NUMBER: N14000001043

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keathel Chauncey, Esq.

Name of Contact Person

Fresh Legal Perspective, PL

Firm/Company

3802 Ehrlich Road, Suite 308

Address

Tampa, FL 33624

City/State and Zip Code

Contact@BLTFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keathel Chauncey, Esq.

_.813 \448-1042

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation	organized under the law	s of the State	e of	<i>s</i>
	r to change its registered office or			v	
1. The name of t	he corporation: International Ac	ademy of Health Pref	erence Re	search Found	dation, I
2. The principal	office address: 701 S. Howar	d Ave., Suite 246,	Tampa, I	FL 33606	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 01/29/20	Document n	umber: N1	400000104	3
	street address of the current regis tment of State: (If resigned, enter		l office on fi	le with the	
	Benjamin Craig				
	701 S. Howard Ave, Sui	te 246			
	Tampa, FL 33606			2016	**************************************
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	/or registere	2016 HAY 19	
	Fresh Legal Perspective	e, PL		日 第 5 5 5 5 7 5 7 5 7 7 7 7 7 7 7 7 7 7 7	and a
	3802 Ehrlich Road, Suite			2: 10	
		ox NOT acceptable		<i>3</i> 2	
	Tampa, FL 33624				
The street address changed will	ess of its registered office and the be identical.	street address of the bus	iness office	of its registered	l agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of di een notified in writing of	rectors or by the change.	an officer so	
M	Tana S	Benjamin Cı	raig		
/ / 1	re of an officer of director		or typed name a		
Hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ent and agree to act in the ill statutes relative to the and accept the obligation to reflect a change in the ified in writing of this ch	his capacity. proper and on of my pos registered aange.	complete ition as registe office address,	red I
At The State of th	Men	May	13	2016	
Sign	nature of Registered Agent	1 (00)	Date	NV /8V	
If signing on be	half of an entity:	,			
Keathe/	Chauncey ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *