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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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

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REGISTERED AGENT CHANGE FRONTLINE MIND BODY PROJECT, INC

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

,	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: FRONTLINE MIND BODY PROJECT, INC
2. The principal	office address: 7901 4th St N STE 300
St. Petersbur	
3. The mailing ac	ddress (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incorp	oration/qualification: 10/16/20 Document number: N20000011669
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	HUSER, MILLICENT N
	HUSER, MILLICENT N 200 LINDELL BLVD SITE 916
	DELRAY BEACH, FL 33483
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office
	Registered Agents Inc.
	7901 4th St N STE 300
	P O. Box NOT acceptable St. Petersburg FL 33702
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Michael Fortuna e of an officer or director MICHAEL FORTUNA Provided or typed name and title
I hereby accept if further agree to of my duties, and document is being	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Bei Hame	11/16/2021
Sign	anure of Registered Agent Date
If signing on bel	nalf of an entity:
Bill Havre	
Ту	ped or Printed Name
	* * * FILING FEE: \$35.00 * * *