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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

: (323)389-0502 Fax Number

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

Email Address:___

REGISTERED AGENT CHANGE TAKE20FORLIFE, INC

| Certificate of Status | 0 |
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To:

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| TO: Amendment Section Division of Corporations | | |
|---|--------------|------------|
| SUBJECT: TAKE20FORLIFE, INC | | |
| Name of Corporation | _ | |
| DOCUMENT NUMBER: N22000002305 | ··· | |
| 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: | | |
| Cheyenne Moseley | WI CAR STATE | 2022 |
| Name of Contact Person | - , | 0CT |
| Legalzoom.com, Inc. | | <u>~</u> |
| Firm Company | - ù. | 3 8 |
| | | |
| 101 N Brand Blvd., 11th Floor | <u></u> | 5 |
| Address | | 3 |
| Glendale, CA 91203 | | |
| City/State and Zip Code | _ | |
| Twodeelite@gmail.com | | |
| E-mail address: (to be used for future annual report notification | , | |
| | | |
| For further information concerning this matter, please call: | | |
| Cheyenne Moseley, Legalzoom.com, Inc. 800 773-0888 et Name of Contact Person Area Code & Daytime Tele | xt 9724 | |
| Name of Contact Person Area Code & Daytime Tele | phone Numb | ber |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address: Street Address: | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporati | Ons | |
| P.O. Box 6327 Clifton Building | vais | |
| Tallahassee, FL 32314 2661 Executive Center | | |
| Tallahassee, FL 3230 | 1 | |

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

| statement of cha | nge is submitted for a corp | 0502, 617.0502, 607.1508, or 617.1508, Florida S. poration organized under the laws of the State of <u>F</u> Affice or registered agent, ar both, in the State of Fi | lorida | |
|---|---|---|---|-------------|
| The name of t The principal | the corporation: TAKE2 office address: 3215 SA | 20FORLIFE, INC ALT MARSH CIRCLE, WEST MELE | BOURNE, | FL 32 |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 03 | 3/07/2022 Document number: N22000 | 0002305 | |
| 5. The name and | | nt registered agent and registered office on file wit | | |
| · | | ORPORATION AGENTS, INC | | |
| | | <u></u> | | |
| | ORLANDO, FL 328 | 322 | - | 11 |
| 6. The name and (if changed): | l street address of the new i | NBLVD, SUITE 36 822 registered agent (if changed) and for registered offi | · ∪ı | |
| | Demetra Davis | | 9 | |
| | 3215 Salt Marsh C | ir | | |
| | West Melbourne, F | P.O. Box NOT seceptable Florida 32904 | | |
| The street address changed will | | and the street address of the business office of its | registered ag | ent, |
| Such change wa authorized by th | is authorized by resolution to board, or the corporation | iduly adopted by its board of directors or by an on has been notified in writing of the change. | fricer so | |
| $\mathcal{A} = \mathcal{A} \cup $ | | Demetra A Davis, Presid | ent | |
| I hereby accept I further agree of performance of agent. Or, if the | to comply with the provision my duties, and I am famili is document is being filed in | Printed or typed name and utle ered agent and agree to act in this capacity, ons of all statutes relative to the proper and comp- iar with and accept the obligation of my position merely to reflect a change in the registered office seen notified in writing of this change. | olete as registered | ı |
| Ferrit | ire Dis | 10/07/2022 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| 1 | sped or Printed Name | | | |
| | * * * | FILING FFF: \$35.00 * * * | | |