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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

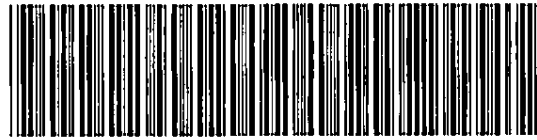
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALSON'S OFFICE

2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Get Credit Healthy Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000100755

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:

Elizabeth Karwowski

Name of Contact Person

Get Credit Healthy Inc

Firm/Company

4581 Weston Rd. Unit 162

Address

Weston, FL 33331

City/State and Zip Code

ek@getcredithealthy.com

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

For further information concerning this matter, please call:

Elizabeth Karwowski

Name of Contact Person

at ( 312 ) 420-2121  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

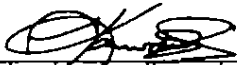
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Get Credit Healthy Inc
2. The principal office address: 8411 W. Oakland Park Blvd. Suite 202  
Sunrise, FL 33351
3. The mailing address (if different): 4581 Weston Rd. Unit 162 Weston, FL 33331
4. Date of incorporation/qualification: 12/15/2009 Document number: P09000100755
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)  
Elizabeth Karwowski  
8411 W. Oakland Park Blvd. Suite 202  
Sunrise, FL 33351
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Shaun Spector  
2332 Galiano St. 2nd Floor  
P.O. Box NOT acceptable  
Coral Gables, FL 33134

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.



Signature of an officer or director

Elizabeth Karwowski, CEO

Printed or typed name and title

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.



Signature of Registered Agent

11/3/20

Date

If signing on behalf of an entity:

Shaun Spector

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 (04/13)

RECEIVED  
2010 NOV -9 PM 6:05  
11-3-10