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COVER LETTER

TO: Amendment Section Division of Corporations LIFELINE NATURALS OF AMERICA, INC P98000079029 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: Eric Rayman, Esq. Name of Contact Person Eric Rayman PA 615 NE 3rd Avenue Address Fort Lauderdale, Florida 33304 City/State and Zip Code eric@lawhelpflorida.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eric Rayman Name of Contact Person

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

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

statement of cha	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of <mark>Florid</mark> egistered agent, or both, in the State of Florid	ia	
1. The name of 2. The principal	the corporation: LIFELINE NA office address: 8438 Heather	TURALS OF AMERICA, INC Place, Boynton Beach, FL 3347	'2	
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 09/98 Document number: P98000079029				
	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with th signed)	e	
	Jerry Rayman			
	8438 Heather Place, Boy	ynton Beach, FL 33472		
			<u> </u>	
6. The name and (if changed):	d street address of the new registered	I agent (if changed) and /or registered office	# JUL -	-T1
	Eric Rayman		2 AH	
	615 NE 3rd Avenue			D
	P.O. Box NOT acceptable Fort Lauderdale, FL 33304			
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its regi	stered agent.	
Such change wa authorized by the	as authorized by resolution duly add be board, or the corporation has bee	opted by its board of directors or by an office in notified in writing of the change.	er so	
Jeny Sunan	acofficer or director	Jerry Rayman Printed or typed name and title		
I further agree performance of agent. Or, if th	y the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a	it and agree to act in this capacity. statutes relative to the proper and complete ind accept the obligation of my position as re- reflect a change in the registered office add	egistered	
8/1/2		June 29, 2018		
,	nature of Registered Agent	Date		
	chalf of an entity:			
Eric Rayma	Syped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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