I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000038384

Entity Name: AMLIV PROFESSIONAL GROUP, CORP.

Current Principal Place of Business:

11699 NW 89 CT HIALEAH GARDENS, FL 33018

Current Mailing Address:

11699 NW 89 CT HIALEAH GARDENS, FL 33018

FEI Number: 46-2264682

Name and Address of Current Registered Agent:

ALCOBA & ASSOCIATES, P.A. 3399 NW 72 AVENUE STE. 211 MIAMI, FL 33122 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Ρ	Title	VP
MARTIN, LEYANE	Name	LEYANE MARTIN
11699 NW 89 CT	Address	11699 NW 89 CT
HIALEAH GARDENS FL 33018	City-State-Zip:	HIALEAH GARDENS FL 33018
	11699 NW 89 CT	MARTIN, LEYANE Name 11699 NW 89 CT Address

FILED Mar 19, 2019 Secretary of State 0813837863CC

Certificate of Status Desired: No

03/19/2019

Date

Date