I hereby certify that the information indicated on this report or supplemental report is true oath; that I am an officer or director of the corporation or the receiver or trustee empowere above, or on an attachment with all other like empowered.		
SIGNATURE: LUIS ALMEIDA	VP	06/30/2023

SIGNATURE: LUIS ALMEIDA

Electronic Signature of Signing Officer/Director Detail

1172 NW 134 PL

Name and Address of Current Registered Agent:

ALMEIDA, LUIS 1172 NW 134 PL MIAMI, FL 33182 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 Title Name IANNICELLI, ARLETTE Name ALMEIDA, LUIS Address 1172 NW 134PL Address 1172 NW 134 PL City-State-Zip: MIAMI FL 33182 City-State-Zip: MIAMI FL 33182 Title VP Name ALMEIDA CARDOSO, LUIS Address 1172 NW 134 PL City-State-Zip: MIAMI FL 33182

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P22000090450

Entity Name: THERAPY AND UNIQUE HEALTH SOLUTIONS CORP.

Current Principal Place of Business:

1172 NW 134 PL MIAMI. FL 33182

Current Mailing Address:

MIAMI, FL 33182 UN

FEI Number: 93-2140718

Certificate of Status Desired: Yes

06/30/2023 Date

FILED Jun 30, 2023 Secretary of State 8318902407CC

Date