2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063556

Entity Name: BEACON HYPNOTHERAPY INSTITUTE, LLC.

FILED Feb 28, 2017 Secretary of State CC1017243942

Current Principal Place of Business:

11240 SW 88 ST.

202

MIAMI, FL 33176

Current Mailing Address:

11240 SW 88 ST.

202

MIAMI, FL 33176

FEI Number: 20-5138583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO MBA, EA 11240 N KENDALL DRIVE SUITE 202

MIAMI, FL 33176 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: DAGOBERTO GONZALEZ 02/28/2017

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title VPD Title PD

Name GONZALEZ, DAGOBERTO Name GONZALEZ, MARIA PILAR

Address 11240 N KENDALL DR Address 11240 N KENDALL DR

SUITE 202 SUITE 202

City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33176

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.