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			Date
Officer/Director Detail :				
Title	Ρ	Title	Т	
Name	PATEL, POOJA N	Name	DOHERTY, JAMES R	
Address	3200 SUMMIT BLVD #18145	Address	3200 SUMMIT BLVD #18145	
City-State-Zip:	WEST PALM BEACH FL 33416	City-State-Zip:	WEST PALM BEACH FL 33416	
Title	VP			
Name	SHORNDEN, SONA			
Address	3200 SUMMIT BLVD #18145			

Entity Name: SHOW AND HEAL, INC.

Current Principal Place of Business:

3200 SUMMIT BLVD #18145 WEST PALM BEACH. FL 33416

DOCUMENT# N16000007178

Current Mailing Address:

3200 SUMMIT BLVD #18145 WEST PALM BEACH. FL 33416 US

FEI Number: 81-3524247

Name and Address of Current Registered Agent:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

PATEL, POOJA N 3200 SUMMIT BLVD #18145 WEST PALM BEACH, FL 33416 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: POOJA N. PATEL

City-State-Zip: WEST PALM BEACH FL 33416

PRESIDENT

03/03/2020

Electronic Signature of Signing Officer/Director Detail

FILED Mar 03, 2020 Secretary of State 5819115816CC

Certificate of Status Desired: No

Date