NEW PORT	RICHEY, FL 34652			
FEI Number: 20-8219715			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SCHLYER, ART 5411 GRAND BL NEW PORT RIC				
	entity submits this statement for the purpose of changing its regis	tered office or regi	stered agent, or both, in the State of F	Florida.
The above named	entity submits this statement for the purpose of changing its regis : ARTHUR M SCHLYER	tered office or regi	stered agent, or both, in the State of F	Florida. 03/13/2019
The above named		tered office or regi	stered agent, or both, in the State of F	
The above named	: ARTHUR M SCHLYER Electronic Signature of Registered Agent	tered office or regi	stered agent, or both, in the State of F	03/13/2019
The above named SIGNATURE	: ARTHUR M SCHLYER Electronic Signature of Registered Agent	tered office or regis	stered agent, or both, in the State of F	03/13/2019
The above named SIGNATURE Officer/Direc	ARTHUR M SCHLYER Electronic Signature of Registered Agent ctor Detail :			03/13/2019

5411 GRAND BLVD SUITE 107 NEW PORT RICHEY, FL 34652

## **Current Mailing Address:**

5411 GRAND BLVD SUITE 107 0 40 50 N

## F

## N

City-State-Zip: NEW PORT RICHEY FL 34652

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.

SIGNATURE: ARTHUR SCHLYER

DR

City-State-Zip: HUTCHINSON KS 67502

03/13/2019 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 13, 2019 Secretary of State 2269021617CC

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0700002139

Entity Name: H20MEDICAL SPA, INC

## **Current Principal Place of Business:**