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.

C.E.O.

SIGNATURE: JUAN J. ROBREDO

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:	
382 NE 191ST STREET	
QUITE 25454	

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

382 NE 191ST STRE SUITE 25454 MIAMI, FL 33179-3899

### **Current Mailing Address:**

DOCUMENT# P13000093526

Entity Name: HEALTHY LIFE GROUP, INC.

382 NE 191ST STREET SUITE 25454 MIAMI, FL 33179-3899 US

## FEI Number: 46-4159093

#### Name and Address of Current Registered Agent:

ROBREDO, JUAN J 382 NE 191ST STREET SUITE 25454 MIAMI, FL 33179-3899 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 :**

Title	P, S	Title	S	
Name	ROBREDO, JUAN J	Name	ROBREDO, JUAN J	
Address	382 NE 191ST STREET SUITE 25454	Address	382 NE 191ST STREET SUITE 25454	
City-State-Zip:	MIAMI FL 33179-3899	City-State-Zip:	MIAMI FL 33179-3899	

# FILED Feb 02, 2020 Secretary of State 5628169630CC

02/02/2020

Date

Date

Certificate of Status Desired: Yes