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: JUAN ROBREDO

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000093526

Entity Name: HEALTHY LIFE GROUP, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

ing its registered office or registered age	nt, or both, in the State of Florida.

CEO

06/17/2019

Certificate of Status Desired: No

Date

Date