2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2013
Secretary of State

DOCUMENT# L11000103519

Entity Name: YOUR COMPLETE WELLNESS CENTER, LLC

Current Principal Place of Business:

6812 SHELDON ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6812 SHELDON ROAD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 45-3365920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, COLLEEN
6812 SHELDON ROAD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: COLLEEN SULLIVAN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SULLIVAN, COLLEEN O
Address: 9706 WEST PARK VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM
Name: SULLIVAN, JOHN
Address: 9706 WEST PARK VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: COLLEEN SULLIVAN MGRM 10/05/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date