P13000055385

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SECRETARY OF STATE

MAR 1 4 2016

C. CARROTHERS

Division of Corporations
SUBJECT: Health and Wellness consulting service Name of Corporation Inc.
DOCUMENT NUMBER: P13000055385
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eleva Kliyi kova
Name of Contact Person
Health and Wellness consulting service Firm/Company Inc
Firm/Company Inc.
409 W. Hallandale Blud. Ste 211
Address
Hallandale Beach, FL. 33009
City/State and Zip Code
health. wellness, services agmail. com
E-mail address: (to be used for future annual report notification)
426 500-5220
For further information concerning this matter, please call: ISG-508-5229
Name of Contact Person at (HG) 508 5229 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

♥ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Services Incorporation
2. The principal office address: 409 W. Hallandale Blvd. Hallandale Beach, Fl. 33009
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/27/2013 Document number: P 130000553385
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Invessel Accounting and
Heath and Well wess consulting Financial
gerices Inexposation
2787 East Ockland Pack Blvd, Ste 204,
Fort Landerdale, FL 33306
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ; Elena Liukova
409 W. Hallandale Blvd. Ste211 -
Hatlandale Beach, FL 33009
P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Eleva Minisore
Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
03/07/2016
Signature of Registered Agent Date
If signing on behalf of an entity:
£
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *