P14000061380

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COVER LETTER

TO: Amendment Section Division of Corporations Quest Health Wellness Inc. p14000061380 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: James Victor Meidel Name of Contact Person owner Firm/Company 6234 South Congress Ave Ste F1 Lantana, FL 33462 . City/State and Zip Code aicc103@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 561 969-3710 Name of Contact Person

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

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

statement of chan	ge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, thorganized under the laws of the State of FLORIDA egistered agent, or both, in the State of Florida.	is
1. The name of th	ne corporation: Quest Health \	Wellness Inc.	
2. The principal of Lantana, F	office address: 6234 South Co	ongress Ave F1	
3. The mailing ad			
4. Date of incorp	oration/qualification: 7/22/2014	4	30
5. The name and		ered agent and registered office on file with the	
	6234 South Congress Av	<u>e F1</u>	
	Lantana, FL 33462		
6. The name and (if changed):	street address of the new registered James Victor Meidel 6234	d agent (if changed) and /or registered office	
		ox NOT acceptable	
	South Congress Ave F1	Lantona FL 33462	: #
		street address of the business office of its register	
		lopted by its board of directors or by an officer so en notified in writing of the change.	
Mes	MUODI te of an officer or director	James V. Meidel owner Printed or typed name and title	· 5
I famelaga arman	to community with the managining of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regis to reflect a change in the registered office address ified in writing of this change.	tered s, I
Jamos	1) Merole	10/06/2014	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped 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 * * *