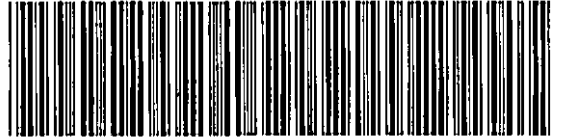


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO/CHG

JUN 26 2018

J ALBRITTON

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whole Wellness Therapies Inc
Name of Corporation

DOCUMENT NUMBER: P16000047371

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:

Daniel Auger
Name of Contact Person

Firm/Company
2031 4th St North Suite 5
Address

St Petersburg, FL 33704
City/State and Zip Code

belina1939@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Auger at 941 773-9012
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

RECEIVED
19 JUN 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2018

DANIEL AUGER
2031 4TH ST NORTH
STE. 5
ST. PETERSBURG, FL 33704

SUBJECT: WHOLE WELLNESS THERAPIES, INC.
Ref. Number: P16000047371

We have received your document for WHOLE WELLNESS THERAPIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The signatures must be handwritten.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00011326

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: Whole Wellness Therapies Inc
- 2. The principal office address: 2031 4TH ST. NORTH Suite #5
St Petersburg, Fl 33704
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-27-2016 Document number: P16000047371

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)

UNITED STATES CORPORATION AGENTS, INC
13302 WINDING OAK COURT A
TAMPA, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Smartchoice Business Solutions LLC
1014 8th Ave W
P.O. Box NOT acceptable
Palmetto, Fl 34221

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 25 PM 4:30

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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.

Daniel Auger

Signature of an officer or director

Daniel Auger Owner

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.

James [Signature]

Signature of Registered Agent

5-22-18

Date

If signing on behalf of an entity:

Elizabeth Thompson

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314