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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: ALISHIA S WRIGHT

Electronic Signature of Signing Officer/Director Detail

PD	Title	TD
WRIGHT, ALISHIA S	Name	LEVISTON, RAY
4210 EMPIRE PLACE	Address	7212 HAMMET ROAD
TAMPA FL 33610	City-State-Zip:	TAMPA FL 33647
SD		
ABDULLAH, DELLA		
2121 BARCELONA WAY SOUTH		
	WRIGHT, ALISHIA S 4210 EMPIRE PLACE TAMPA FL 33610 SD ABDULLAH, DELLA	WRIGHT, ALISHIA SName4210 EMPIRE PLACEAddressTAMPA FL 33610City-State-Zip:SDABDULLAH, DELLA

Officer/Director Detail :

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.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001623

Entity Name: THE EXCLUSIVE WELLNESS CENTER, INC.

Current Principal Place of Business:

4210 EMPIRE PLACE TAMPA, FL 33610

Current Mailing Address:

4210 EMPIRE PLACE TAMPA, FL 33610 US

FEI Number: 26-1919328

Name and Address of Current Registered Agent:

WRIGHT, ALISHIA S 4210 EMPIRE PLACE TAMPA, FL 33610 US

SIGNATURE:

Electronic Signature of Registered Agent

FILED May 03, 2015 Secretary of State CC3451534943

Certificate of Status Desired: No

05/03/2015

Date

Date