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.

SIGNATURE: TREVEKA D. SMITH

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1400008812

Entity Name: THE SEASONED RELAXATION CENTER, INC.

Current Principal Place of Business:

2612 NEZ PERCE TRAIL TALLAHASSEE, FL 32303

Current Mailing Address:

2612 NEZ PERCE TRAIL TALLAHASSEE, FL 32303 US

FEI Number: 47-2925796

Name and Address of Current Registered Agent:

SMITH, TREVEKA D 2612 NEZ PERCE TRAIL TREVEKA, FL 32303 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	ED	Title	DD
Name	SMITH, TREVEKA D	Name	DUNLAP, KEISHA T
Address	2612 NEZ PERCE TRAIL	Address	4078 POINT MILLIGAN ROAD
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	QUINCY FL 32352

D. SMITH EXECUTIVE DIRECTOR 03/04/2020

FILED Mar 04, 2020 Secretary of State 7944379233CC

Certificate of Status Desired: No

Date

Date