FEI Number: 82-1615469			Certificate of Status Desired
Name and Address of Current Registered Agent:			
BRYAN, KATHERINE B 2641 WILDHURST TRAIL PACE, FL 32571 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	Р	Title	VP
Name	BRYAN, KATHERINE B	Name	NEGLEY, SONYA
Address	2641 WILDHURST TRAIL	Address	7294 BREVARD STREET
City-State-Zip:	PACE FL 32571	City-State-Zip:	NAVARRE FL 32566
Title	SEC		
Name	KREVATAS, JODI L		
	Name and A BRYAN, KATHE 2641 WILDHUR PACE, FL 3257 The above named SIGNATURE Officer/Direct Title Name Address City-State-Zip:	Name and Address of Current Registered Agent: BRYAN, KATHERINE B 2641 WILDHURST TRAIL PACE, FL 32571 US The above named entity submits this statement for the purpose of changing its regists SIGNATURE: Electronic Signature of Registered Agent Officer/Director Detail : Title P Name BRYAN, KATHERINE B Address 2641 WILDHURST TRAIL City-State-Zip: PACE FL 32571 Title SEC	Name and Address of Current Registered Agent: BRYAN, KATHERINE B 2641 WILDHURST TRAIL PACE, FL 32571 US The above named entity submits this statement for the purpose of changing its registered office or regists SIGNATURE: Title above named entity submits this statement for the purpose of changing its registered office or regists SIGNATURE: Electronic Signature of Registered Agent Officer/Director Detail : Title Name BRYAN, KATHERINE B Name SEQ City-State-Zip: PACE FL 32571 City-State-Zip: PACE FL 32571 Title SEC

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: KATHERINE BRYAN

3944 RED BUD LANE

City-State-Zip: PACE FL 32571

Address

Electronic Signature of Signing Officer/Director Detail

Entity Name: CHILDREN'S HEALTH AND WELLNESS OF NW FLORIDA, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2641 WILDHURST TRAIL PACE, FL 32571

Current Mailing Address:

DOCUMENT# N17000005069

2641 WILDHURST TRAIL PACE. FL 32571 US

ired: No

04/12/2021

Date

Date

PRES