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: LENKA SCHULZE

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	: LENKA SCHULZE			02/17/2022	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR		
Name	SCHULZE, LENKA	Name	RAGONESI, FRANK		
Address	5435 PARK CENTRAL CT	Address	21430 PELICAN SOUND DRIVE	, #102	

City-State-Zip: NAPLES FL 34109

DIRECTOR

City-State-Zip: CASTLE PINES CO 80108

ROZEN, DESI

264 WOODSTOCK LANE

Title Name

Address

5435 PARK CENTRAL CT NAPLES, FL 34109 US	

Current Mailing Address:

NAPLES. FL 34109 US

Name and Address of Current Registered Agent:

SCHULZE, LENKA 5435

DOCUMENT# N18000005383

Entity Name: WELLNESS ENERGY INSTITUTE, INC.

Current Principal Place of Business:

5435 PARK CENTRAL CT NAPLES. FL 34109

5435 PARK CENTRAL CT

FEI Number: 83-0774420

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.

Certificate of Status Desired: No

City-State-Zip: BONITA SPRINGS FL 33928

02/17/2022 PRESIDENT, DIRECTOR

Date

FILED Feb 17, 2022 Secretary of State 9567638388CC