

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000083434

Entity Name: GRACE FULL WELLNESS INC.

Current Principal Place of Business:

2929 NW 13TH STREET
GAINESVILLE, FL 32609

Current Mailing Address:

16310 NW 162ND TERRACE
WILLISTON, FL 32696

FEI Number: 47-5347795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRACE, AMANDA
16310 NW 162ND TERRACE
WILLISTON, FL 32696 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

Date

Officer/Director Detail :

Title P/S
Name GRACE, AMANDA
Address 16310 NW 162ND TERRACE
City-State-Zip: WILLISTON FL 32696

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

SIGNATURE: AMANDA GRACE

P/S

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date