# 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

Electronic Signature of Signing Officer/Director Detail

OCALA, FL 34476 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: BRITTNEY C JEWELL

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title D Name JEWELL, BRITTNEY C Address 10473 SW 47TH AVENUE City-State-Zip: OCALA FL 34476

above, or on an attachment with all other like empowered. 02/12/2024 PRESIDENT

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P17000074884

Entity Name: BE WELL HOLISTIC MASSAGE WELLNESS CENTER, P.A.

### **Current Principal Place of Business:**

1111 NE 25TH AVE, STE 504 OCALA, FL 34470

### **Current Mailing Address:**

10473 SW 47TH AVE OCALA, FL 34476 US

#### FEI Number: 82-2903746

JEWELL, BRITTNEY C 10473 SW 47TH AVENUE

## Name and Address of Current Registered Agent:

SIGNATURE: BRITTNEY JEWELL

Date

## FILED Feb 12, 2024 Secretary of State 4948872041CC

Certificate of Status Desired: No

02/12/2024 Date