#### SIGNATURE: GIULIA FANTACCI SECRETARY

Electronic Signature of Signing Officer/Director Detail

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P17000087798

Entity Name: HEALTH AND WELLNESS SPECIALIST, INC.

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

420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139

#### **Current Mailing Address:**

420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139 US

#### FEI Number: 82-3253956

#### Name and Address of Current Registered Agent:

BFF MANAGEMENT SERVICES, INC. 420 LINCOLN ROAD SUITE 357 MIAMI BEACH, FL 33139 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:

### Officer/Director De

Title	Ρ	Title	S		
Name	GIRIMONTI, RACHEL	Name	FANTACCI, GIULIA		
Address	420 LINCOLN ROAD, SUITE 357	Address	420 LINCOLN ROAD, SUITE 357		
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139		

Electronic Signature of Registered Agent					
or Detail :					
	Title	S			
	Nomo				

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 ath; 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 bove, or on an attachment with all other like empowered.					
SIGNATURE: GIULIA FANTACCI	SECRETARY	04/30/2018			

# FILED Apr 30, 2018 Secretary of State CC2391760231

Certificate of Status Desired: No

Date

Date