

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123542

Entity Name: ONE TRIBE WELLNESS DISTRIBUTION, LLC**Current Principal Place of Business:**1600 N ORANGE AVE
#3
ORLANDO, FL 32804**Current Mailing Address:**1600 N ORANGE AVE
#3
ORLANDO, FL 32804 US**FEI Number:** 27-4123999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVELACE, BARBARA Y
1703 N. INDIAN RIVER RD.
NEW SMYRNA BEACH, FL 32169 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:** BARBARA LOVELACE

04/21/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER, OTHER
Name	WAXMAN-LOYD, JENNIFER PAIGE
Address	1600 N ORANGE AVE #3
City-State-Zip:	ORLANDO FL 32804
Title	MANAGING MEMBER, AUTHORIZED MEMBER
Name	WRIGHT, ADAM D
Address	1600 N ORANGE AVE #3
City-State-Zip:	ORLANDO FL 32804

Title	CO-FOUNDER, MANAGING MEMBER, CEO
Name	GIROUX, JAIME LYNN
Address	1600 N ORANGE AVE #3
City-State-Zip:	ORLANDO FL 32804

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME GIROUX

CEO

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date