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: YARISA M. BONET-MORALES

Electronic Signature of Signing Authorized Person(s) Detail

MGR

Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000123494

Entity Name: CENTRAL FLORIDA WELLNESS HOLDINGS LLC

Current Principal Place of Business:

6735 CONROY WINDERMERE RD STE 320 ORLANDO, FL 32835

Current Mailing Address:

6735 CONROY WINDERMERE RD SUITE 323 ORLANDO, FL 32835

FEI Number: 45-3732391

Name and Address of Current Registered Agent:

MARTORELL, EDGAR 6735 CONROY WINDERMERE RD STE 323 ORLANDO, FL 32835 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
Authorized Person(s) Detail :				
Title	MMGR	Title	MMGR	
Name	MARTORELL, EDGAR	Name	BONET, YARISA	
Address	6735 CONROY WINDERMERE RD 323	Address	6735 CONROY WINDERMERE RD 3	323
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835	

Certificate of Status Desired: No

05/01/2018

FILED May 01, 2018 Secretary of State CC7203666879