

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000061318

Entity Name: SAFE HOUSE WELLNESS CENTER, LLC

Current Principal Place of Business:

4699 NORTH FEDERAL HIGHWAY
SUITE 205
POMPANO BEACH, FL 33064

Current Mailing Address:

4699 NORTH FEDERAL HIGHWAY
SUITE 205
POMPANO BEACH, FL 33064 US

FEI Number: 47-3657594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, DAVID
131 NW 13TH ST, STE 41
BOCA RATON, FL 33432 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: DAVID MOORE

10/04/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name STEIN, LEE
Address 141 NW 20TH ST STE F7
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name MAHLER, DAVID
Address 141 NW 20TH ST
STE F7
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name 7 C'S, LLC
Address 141 NW 20TH ST
STE F7
City-State-Zip: BOCA RATON FL 33431

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: LEE STEIN

MGR

10/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date