2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2018
Secretary of State
CC2129877678

DOCUMENT# L15000168600

Entity Name: CHANGES WELLNESS & RECOVERY CENTER LLC

Current Principal Place of Business:

31 W 20TH STREET
RIVIERA BEACH, FL 33404

Current Mailing Address:

31 W 20TH STREET
RIVIERA BEACH, FL 33404 UN

FEI Number: 81-0833165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLONS, MONIQUE D
31 W 20TH STREET
RIVIERA BEACH, FL 33404 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: MONIQUE D WELLONS 01/23/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	WELLONS, MONIQUE D
Address	31 W 20TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

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: MONIQUE D BROWN WELLONS MGR 01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date