SIGNATURE: PAULO MELO

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000119203

Entity Name: AVENTURA WELLNESS 9 LLC

Current Principal Place of Business:

150 SE 2ND AVENUE SUITE 808 MIAMI, FL 33131

Current Mailing Address:

601 BRICKELL KEY DRIVE SUITE 901 MIAMI, FL 33131 US

FEI Number: 81-2999627

Name and Address of Current Registered Agent:

DRUMMOND CPA, LLC 601 BRICKELL KEY DRIVE SUITE 901 MIAMI, FL 33131 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	MICHEL DE AMORIM		01/28/2018
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MANAGER, PRESIDENT AND SECRETARY	Title	MANAGER, VICE PRESIDENT AND TREASURER
Name	MELO, PAULO	Name	CABRAL, SILVIA
Address	150 SE 2ND AVENUE SUITE 808	Address	150 SE 2ND AVENUE SUITE 808
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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

MANAGER

01/28/2018

FILED Jan 28, 2018 Secretary of State CC6032295538

Certificate of Status Desired: No

Date