

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000189565

Entity Name: WELLNESX LLC

Current Principal Place of Business:

7791 NW 46TH STREET
SUITE 219
DORAL, FL 33166

Current Mailing Address:

7791 NW 46TH STREET
SUITE 219
DORAL, FL 33166 US

FEI Number: 38-4016464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESTREPO, FEDERICO
7791 NW 46TH STREET
SUITE 219
DORAL, FL 33166 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: FEDERICO RESTREPO

12/08/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name RESTREPO, FEDERICO
Address 7791 NW 46TH STREET, STE 219
City-State-Zip: DORAL 33166

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: FEDERICO RESTREPO

MGRM

12/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date