

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000118271

**Entity Name:** A.JONES WELLNESS LLC

**Current Principal Place of Business:**

3215 E ESTHER ST  
ORLANDO, FL 32806

**Current Mailing Address:**

3215 E ESTHER ST  
ORLANDO, FL 32806

**FEI Number:** 83-0558466

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, ASADA N  
3215 E ESTHER ST  
ORLANDO, FL 32806 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:** ASADA N. JONES

02/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name JONES, ANDREW L  
Address 3215 E ESTHER ST  
City-State-Zip: ORLANDO FL 32806

Title AMBR  
Name JONES, ASADA N  
Address 3215 E ESTHER ST  
City-State-Zip: ORLANDO FL 32806

*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:** ASADA JONES

AMBR

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date