that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CARMEN QUINONES TITLE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000213789

Entity Name: SERENITY HEALING, LLC

Current Principal Place of Business:

463688 SR 200 SUITE #4 YULEE, FL 32097

Current Mailing Address:

463688 SR 200 SUITE #4 YULEE, FL 32097 US

FEI Number: 84-2879142

Name and Address of Current Registered Agent:

QUINONES, CARMEN 463688 SR 200 SUITE #4 YULEE, FL 32097 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	CARMEN QUINONES		02	/14/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER, AUTHORIZED MEMBER	Title	MANAGER, AUTHORIZED MEMBER	र
Name	QUINONES, SIXTO G JR	Name	QUINONES, JOSEPH	
Address	463688 SR 200 SUITE # 4	Address	463688 SR 200 SUITE # 4	
City-State-Zip:	YULEE FL 32097	City-State-Zip:	YULEE FL 32097	
Title	MANAGER, AUTHORIZED MEMBER			
Name	QUINONES, CARMEN			
Address	463688 SR 200 SUITE # 4			
City-State-Zip:	YULEE FL 32097			

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

02/14/2022

FILED Feb 14, 2022 Secretary of State 6081356574CC

Certificate of Status Desired: No

Date