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: LISA B. DEVOS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: HEALTH-E-VENDING, LLC

#### Current Principal Place of Business:

9110 EQUUS CIRCLE BOYNTON BEACH, FL 33472

DOCUMENT# L19000271890

# **Current Mailing Address:**

9110 EQUUS CIRCLE BOYNTON BEACH, FL 33472

# FEI Number: 84-3689615

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DEVOS, LISA B 9110 EQUUS CIRCLE BOYNTON BEACH, FL 33472 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:

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	DEVOS, LISA B	Name	DEVOS, ROBERT S		
Address	9110 EQUUS CIRCLE	Address	10207 N. CIRCLE LAKE DRIVE, APT.		
City-State-Zin	BOYNTON BEACH FL 33472		201		
Only Olate Zip.		City-State-Zip:	BOYNTON BEACH FL 33437		

Date

FILED Apr 16, 2022

Secretary of State

0261032034CC

Certificate of Status Desired: No

04/16/2022

Date

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# MGR