

F1000000000541

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : G T CORPORATION SYSTEM
Account Number : FCA300000029
Phone : (850) 212-1092
Fax Number : (850) 878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2010 APR -5 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
WELLNESS, INC. OF ILLINOIS

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
2010 APR -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Xellinet Inc.
Name of Corporation

DOCUMENT NUMBER: 510000000541

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jayne Primaky

Name of Contact Person

United Health Group Incorporated
Food Company

2724 North Tenaya Way

Address

Las Vegas, NV 89138

City/State and Zip Code

jayne.primaky@uhg.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayne Primaky

Name of Contact Person

702

at (

262-7185

) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CBZFM15 (1/03)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wellness, Inc. dba Wellness, Inc. of Illinois
2. The principal office address: 4170 Ogden Avenue
Aurora IL 60504
3. The mailing address (if different): c/o Jayna Primaky 2934 N. Tenaya Way, Las Vegas, NV 89128
(P. O. Box 15645, Las Vegas, NV 89114-5645)
4. Date of incorporation/qualification: 02/01/2010 Document number: F10000000541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCRP SERVICES, INC.

17888 67th Court North

Lakeland FL 33470

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michelle Huntley Dill
Signature of an officer or director

Michelle M. Huntley Dill

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Michelle Miller
Signature of Registered Agent

4/5/10
Date

If signing on behalf of an entity:

Michele Miller
Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B049 (8/05)

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