(Re	equestor's Name)	
(Ac	ddress)	
(Àc	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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L <u></u>		

Office Use Only

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C. GOLDEN AUG 1 2 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 8/5/2020	**WALK IN**
ENTITY NAME_Home Well	ness. Inc.
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
•	fain Copy
	rtified Copy rtificate of Status
Ce	SE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** rtified Copy of Arts & Amendments rtified Copy of Arts & Amendments Complete File (Inclading Annual Reports) rtificate of Status rtificate of Status Reflecting:
*	"APOSTILLE" / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATION_ NUMBER OF CERTIFICATES RI	QUESTED
	ACCOUNT # 120140000108 / United Corporate Services, Inc. Ve number for any issues or concerns, Thank you so much.

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Home Wellness, Inc. of Corporation
Name	of Corporation
DOC	UMENT NUMBER: F12000003266
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Dolore	es Burton
Name	of Contact Person
United	1 Corporate Services, Inc.
Firm/0	Company
100 St	tate Street, Suite 800
Addre	SSS
Alban	y, NY 12207
City/S	state and Zip Code
	joey.kelley@unitedcorporate.com
E-ma	il address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
~	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



August 7, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: HOME WELLNESS, INC.

Ref. Number: F12000003266

CORRECTED Please Allow For Same File Date

We have received your document for HOME WELLNESS, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

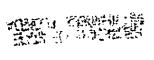
The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00014871



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www.sunbiz.org

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

1. The name of th	[] 11J.11 *		
	ne corporation: Home Wellness, Inc.		
2. The principal of	office address: 700 Route 130		
CININALVIENSON	, 83 08077-2312		
3. The mailing ad	ldress (if different):		
4. Date of incorpo	pration/qualification: 08/06/2012	Document number: F12000003266	
5. The name and : Florida Departi	street address of the current registers ment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
-	CT CORPORATION SYSTEM		
-	1200 S PINE ISLAND RD		70/11/2017
	PLANTATION, FL 33324		2
(ii changed):		gent (if changed) and /or registered office	-6 AH
	United Corporate Services, Inc.	1000	·
9	9200 South Dadeland Blvd, Suite 508		cs tr
}	P.O. Miami, FL, 33156	Box NOT acceptable	
The etmant and dame.			
		eet address of the business office of its registere	
Such change was authorized by the	authorized by resolution duly adop board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
/s/ Luke M		Luke McGee . CEO	
	of an officer or director the appointment as registered agent comply with the provisions of all st I am familiar with and accept the o filed merely to reflect a change in een notified in writing of this chang	Luke McGee CEO Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and complete perfe bligation of my position as registered agent. C the registered office address, I hereby confirm ge.	ormance or if this that the
	el A. Barr, President	8/5/2020	
Signati	ne of Registered Agent	Date	
If signing on beha	lf of an entity:		
Michael A.Barr, Pre	esident		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)