Division of Corporations Electronic Filing Cover Sheet

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To:	
	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : REGISTERED AGENT SOLUTIONS INC
	Account Number : 120100000062
	Phone : (888)705-7274
	Fax Number : (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE WELLSAID LABS, INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

H21000381162 3

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: WELLSAID LABS, Name of Corporation	INC					
DOCUMENT NUMBER: F2100005	377					
The enclosed Statement of Change of Registered Of						
Please return all correspondence concerning this man	tter to the following:					
Mary Castillo						
Name of Contact Person						
Registered Agent Solutions, Inc.						
Firm/Company						
1701 Directors Blvd. Suite 300						
Address						
Austin, Texas 78744						
City/State and Zip Code						
E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter, pleas	se call:					
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Dep	sartment of State.					
Mailing Address:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

H21000381162 3

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation o	organized v	inder the lav	vs of the State	of Delaware		
	r to change its registered office or r	•	_	h, in the State o	of Florida.		
	he corporation; WELLSAID LA			 			
2. The principal	office address: 113 CHERRY	ST., PM	B 52562				
SEATTLE	, WA 98104-2205						
3. The mailing a	ddress (if different):						_
4. Date of incorp	oration/qualification: 9/17/202	1	Document i	number: F210	000005377	····	_
	I street address of the current register tment of State: (If resigned, enter re		ınd registere	d office on file	with the		
	REGISTERED AGEN	NTS IN	C.				
	7901 4TH ST N,	STE. 300					
	ST. PETERSBURG		FL	33702			
6. The name and (if changed):	Registered Agent Solu	_		d /or registered	office		
	155 Office Plaza Dr.	(Suite A				
		O. Box NOT	•	4			
	Tallahassee	FL	3230	<u> </u>			
The street addre	ess of its registered office and the s be identical.	street addre	ss of the bu	siness office o	of its registered a	agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by i en notified	ts board of o	directors or by of the change.	an officer so		
Isl Matthew Signatur	Hacking re of an officer or director	Mat	thew Hoo	cking	President		
l furthér agrée (of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	l statuteš r e obligatio in the regi	elative to th n of my pos	e proper and c ition as registe	ered ag ent, Or,	if this active	:
Hode	ensight	10)/12/2021	1		007	
	nature of Registered Agent			Date	<u>ئ</u> 1	2	
lf signing on be	half of an entity:				بار سائز	>	
Mackenzie Hart.	Assistant Secretary				E OR	<u>5</u>	
T	yped or Printed Name				IATE ORIDA	53	
	* * * FILIN	G FEE: S	35.00 * * *				