

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000093326

FILED
May 14, 2013
Secretary of State

Entity Name: INSTITUTE FOR HEALTH AND WELLNESS L.L.C.

Current Principal Place of Business:

611 S. FORT HARISON AVE. #231
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

611 S. FORT HARISON AVE. #231
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSEN, RORI
401 CLEVELAND STREET, STE 264
DOWNTOWN CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: RORI CHRISTENSEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: EATON, MONICA
Address: 400 CLEVELAND ST, SUITE 800
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM
Name: SCHRANCHER, PETER
Address: WADE HILL FARM, HILL STREET
City-St-Zip: CALMORE, SOUTHAMPTON UK,

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MONICA EATON

MGR

05/14/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date