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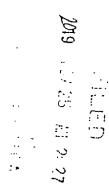
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O SIMMONS

COVER LETTER

INHS18 (2/14)

	egistration Section ivision of Corporations		
SUBJECT	WELLNESS MANAGEMEN	NT COMPANY,	LLC
		ne of Limited Liab	oility Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.
Please rett	arn all correspondence concerning th	nis matter to the fo	Howing:
Joshua .	A. Payne		
	Name of Person		.
	Firm/Company	<u>.,</u>	-
740 SE	Indian Street		_
	Address		
Stuart, F	FL 34997		
	City/State and Zip Code		•
legal@ti	reatmentllc.com		
E-m	ail address: (to be used for future an	nual report notifica	ation)
For furthe	r information concerning this matter	, please call:	
Joshua .	A. Payne	772 at (210-7817
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314
E	nclosed is a check for the following	g amount:	
Ø	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: WELLNESS	MANAG	SEMENT	COMPAN	r, LLC		
(a)	770 SE Indian Street	(b) 770 SE Ir			ndian Street		
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		•		iability company: OFFICE BOX)	
	Stuart, FL 34997	_	Stuart, I	FL 34997	.		
	10/07/2016	_		200502	<u>.</u> .	 	
	10/27/2016		M160000	Document n	b.r		
(a)	Date of filing/registration in Florida ABERNETHY, BRUCE R, JR	4.		100cument ii	umoci		
(u)	Registered Agent and Registered Office shown on the records of 130 S. INDIAN RIVER DRIVE, SUITE 201	the Florida	Dept. of Sta	le:		T.	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_)	
	FT. PIERCE FL	34950		_ _		WILED W 25 R	
(b)	PAYNE, JOSHUA A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:		1	; ;	
	740 SE INDIAN STREET				₹•	.3	
	NEW Registered Office Address:			_			
	STUART	34997		-			
e cha gent w as/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	vs of the the regis ability co of the limited li	tered offic mpany, it ited liabili iability co	te and the busing hereby confity company of the mpany.	iness offi irmed that r as other	ce of the registere at the change(s) wise provided in	
by.	Cu fus co	Ken	neth Sol			Rep. of Mbr	
heret rovisi e obli mere	ure of anyember or authorized representative of a member by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if I in writing of this change.	ve to act performa A for in C hereby co	in this cap mce of my Thapter 60 onfirm that	Printed or type pacity. I furth duties, and I 5, F.S. Or, if the limited li	er avree .	to comply with the	