

10/12/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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filing date of
10/12/2020.

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN.

RE3 GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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10/20/2020

OCT 20 2020

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Re3 Group LLC

Enter new principal office address, if applicable: _____

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M20000008476

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 28, 2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Degree Wellness LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Susan Lightcap

 Typed or printed name of signee

Filing Fee: \$25.00

CONSENT TO USE OF NAME

BY

DEGREE WELLNESS, INC.

This Consent to Use of Name by Degree Wellness, Inc. is being executed by the undersigned for the purpose of allowing a new entity with an indistinguishable name to be formed pursuant to Section 605.0112 of the Florida Revised Limited Liability Company Act.

Degree Wellness, Inc. hereby gives Re3 Group LLC permission to pursue a name change to reflect "Degree Wellness LLC".

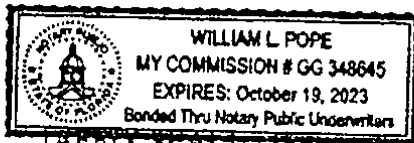
IN WITNESS WHEREOF, the undersigned, an authorized person with respect to the corporation named herein, has caused this Consent to Use of Name to be duly executed on October 12th, 2020.

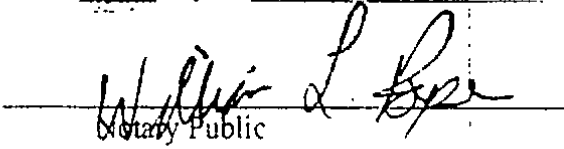

Lindley Tolbert,
an authorized person

STATE OF Florida)
COUNTY OF Duval)

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that Lindley Tolbert, whose name is signed to the foregoing Consent to Use of Name, and who is known to me, acknowledged before me on this day that, being informed of the contents of said Consent to Use of Name, executed the same voluntarily.

Given under my hand and official seal, this 12th day of October, 2020.




Notary Public

My Commission Expires: 10/19/23

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RE3 GROUP LLC", FILED
A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DEGREE
WELLNESS LLC" ON THE TWELFTH DAY OF OCTOBER, A.D. 2020, AT 9:45
O'CLOCK A.M.



7946724 8320
SR# 20207780648

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203845367
Date: 10-12-20