

P00000110874

Florida Department of State
Division of Corporations
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02 DEC 18 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

WELLNESS ACADEMIES, INC.

RECEIVED
02 DEC 18 PM 3:17
DIVISION OF CORPORATIONS

Certificate of Status	0
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Page Count	01
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Handwritten signatures and date 12/19.



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 18, 2002

WELLNESS ACADEMIES, INC.
650 WEST AVENUE
1210
MIAMI BEACH, FL 33139

SUBJECT: WELLNESS ACADEMIES, INC.
REF: P00000110874

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE CURRENT REGISTERED AGENT AND OFFICE ON FILE IS : PAULO CAPARICA
650 WEST AVENUE, #1210, MIAMI BEACH, FL 33139.

PLEASE CORRECT #5 TO REFLECT THIS INFORMATION,

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

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Karen Gibson
Document Specialist

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PLEASE GIVE ORIGINAL SUBMISSION
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WELLNESS ACADEMIES, INC.
2. The principal office address: 650 WEST AVENUE, # 1210
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/30/2000 Document number: P00000110874

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Paulo Caparina
650 West Avenue, #1210
Miami, FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or postmaster required, NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Jose Vanderlei Lombardi Silva
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12-2-2002
(Date)

If signing on behalf of an entity:

By: Patrick J. O'Neill
(Typed or Printed Name)

Asst. Sec of NRAI Services
(Capacity)

NRAI Services, Inc.

*** FILING FEE: \$35.00 ***

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

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