P02000165199

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	-			
	Ş	5P 12 2023		





200413664832

08/09/23--01018--013 **87.50



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	WELLHEALTH, INC.		
		(Name of Corp	oration)
DOC	UMENT NUMBER: P02000065199		
The e	nclosed Resignation of Registered A	Agent for a Cor	poration and fee are submitted for filing.
Please	e return all correspondence concerni	ng this matter	to the following:
Jeffrey	M. Jacobs		
	(Name of Person)		
JJCPA	, LLC		
	(Name of Firm/Company)	
1817 A	Atlantic Blvd		
	(Address)		
Jackso	nville, FL 32207		
	(City/State and Zip Code))	
For fu	orther information concerning this m	atter, please ca	II:
Jeffrey	Jacobs	904 at (395-2110
	(Name of Person)		ode & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 61	7.1509,	7
Florida Statutes, the undersigned,	Jeffrey Jacobs, CPA	\$1.57 1.57	ب. ورا
riorida statutes, the bildersigned,	(Name of Registered Agent)	\$ 2	S.
hereby resigns as Registered Agent	t for	7.2 V	J
, , ,	(Name of Corporation)		
P02000065199			
(Document Number, if known)	·····		
A copy of this resignation was mai	iled to the above listed corporation at its last kr	nown address	S.
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after the date of Resigning Agent)	e on which	
If signing on behalf of an entity:			
	(Typed or Printed Name)	_	
	(Capacity)	-	
	(Capacity)		

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314