

PD6000N1161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

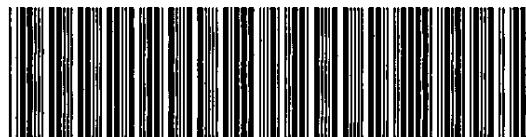
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
WASHINGTON, D. C. 20520

C. LEWIS
FEB 11 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESSENTIAL WELLNESS, INC.
Name of Corporation

DOCUMENT NUMBER: P06000141161

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN KSIAZEK

Name of Contact Person

Essential Wellness INC
Firm/Company

9 CURTIS CT

Address

PALM COAST, FL 32137

City/State and Zip Code

JKSIAZEK@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN KSIAZEK

Name of Contact Person

at (**561**) **644-0844**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: ESSENTIAL WELLNESS INC
2. The principal office address: 9 CURTIS CT, PALM COAST FL 32137
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/08/2006 Document number: P06000141161
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN KSIAZEK

6928 PAUL MAR DR

LANTANA, FL 33462

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

JOHN KSIAZEK

9 CURTIS CT

P.O. Box NOT acceptable

PALM COAST, FL 32137

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SECRETARY OF STATE
FEB 10 2014

APPROVED
FEB 10 2014

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.

John Ksiazek

Signature of an officer or director

JOHN KSIAZEK

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.

John Ksiazek

Signature of Registered Agent

1-30-2014

Date

If signing on behalf of an entity:

JOHN KSIAZEK

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)