P08000099391

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	⇒#)				
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(Business Entity Name)						
(Document Number)						
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R.A.

COVER LETTER

TO:	Amendment Sect Division of Corpo	ion orations		·	
SUBJI	ECT:	Advanced Wellness	s Resea Corporation		
DOCU	JMENT NUMBEI	R:P08	3000099	391	
The en	closed Statement o	f Change of Registered Offic			ed for filing.
		ndence concerning this matte	_		
		g		.~5	
			Kubinec		
		Name of Co	ontact Perso	on	
		Pinnada Con	moutation	Ino	
	· ·	Pinnacle Cor Firm/C	Company	, ITIC.	
		2641 E. Atlantic	c Blvd Su	ite 202	
		Ado	dress		
		Pompano Bea City/State a	ach, FL 3	3062	
		City/State a	ına Zıp Coa	ie	
		jkub@g	ate.net		
	E-ma	jkub@g Il address: (to be used for t	future anni	ual report notific	cation)
For fur	ther information co	oncerning this matter, please	call:		
		Kubinec Contact Person	at (954	933-2893 le Telephone Number
	Name of C	ontact i cison	Ate	a code & Daytiii	ie relephone (vumber
Enclos	ed is a \$35.00 chec	k made payable to the Depar	rtment of St	ate.	
	_			G	
	<u>N</u>	<u>failing Address:</u> mendment Section	•	<u>Street Address:</u> Amendment Sec	tion
	D	ivision of Corporations		Division of Cor	
		.O. Box 6327		Clifton Building	!
	Т	allahassee, FL 32314		2661 Executive Tallahassee, FL	

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida
1. The name of	the corporation: Advai	nced Wellnes	s Research Inc.	
2. The principal	office address: 2641 E	. Atlantic Blvd S	Suite 202	
Pompano	Beach, FL 33062			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	11/06/08	Document number:	P08000099391
	d street address of the curtiment of State: (If resign		nt and registered office on f	ile with the
	Homer Bonner, PA	1		
	1441 Brickell Ave	Suite 1200		7200
	Miami, FL 33131			2010 HAR 29
6. The name and (if changed):	I street address of the new	w registered agent (if changed) and /or register	
	Pinnacle Computa	tion, Inc.		MII: 33
	2641 E. Atlantic Bl	vd Suite 202 P.O. Box NOT ac		——————————————————————————————————————
	Pompano Beach, I		ceptable	
_	ess of its registered office be identical.	ce and the street ad	dress of the business offic	
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so se.
Signatu	re of an officer or director		Michael Trimarco Printed or typed nam	o V?
I further agree of my duties, and document is bei	the appointment as reg to comply with the prov do I am familiar with an ing filed merely to reflect heen notified in writin	isions of all statute d accept the obliga ct a change in the r	ngree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, I	v
Sie	nature of Registered Agent		03/19/10	
	half of an entity:		, isalt	
	V KUBINEC yped or Printed Name			

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