

P10000081849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TREASURER, FLORIDA

R. White
MAY 16 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellness on Wheels Inc
Name of Corporation

DOCUMENT NUMBER: P10000081849

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:

Seema Khanna
Name of Contact Person

Firm/Company

2120 SW 55th ST RD
Address

Ocala FL 34471
City/State and Zip Code

SEEMA KHANNA 04@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seema Khanna at (352) 516 3972
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wellness on Wheels Inc
2. The principal office address: 1004 N 14th ST STE 109
Leesburg FL 34748
3. The mailing address (if different): 1004 N 14th ST STE 109
Leesburg FL 34748
4. Date of incorporation/qualification: 10/6/10 Document number: P10000081849
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)

Seema Khanna

1580 Santa Barbara Blvd
The Villages FL 32151

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

Seema Khanna

2120 SW

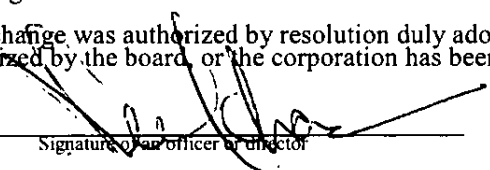
P.O. Box NOT acceptable

Ocala FL 32

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TALLAHASSEE, FLORIDA

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 officer or director

Seema Khanna
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.

Seema Khanna
Signature of Registered Agent

5/6/13
Date

If signing on behalf of an entity:

Typed or Printed Name

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