P11000014990

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations
SUBJECT: First WELLNESS Group INC. Name of Corporation
DOCUMENT NUMBER: \$110000 14990
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:
Ailed BAlaquer Name of Contact Person
First Wellness Group Inc.
3525 W. Lake Mary Blvd. Ste. 301 Address
LAKE MARY FL. 32746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ally BALAGUER at 407 323-600/ Name of Contact Person Area Code & Daytime Telephone Number
/ 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 <u>Florida</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: First WELLNESS Group Inc.
2. The principal office address: 3525 W. LAKE Mary Blvd. Str 301
2. The principal office address: 3525 W. LAKE Mary Blvd. Str 301 Lake Mary, FL 32746
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-11-2011 Document number: P11000014990
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)
LEONARD Solaro
2019 Van Crman Dr. 3
N. H. D. 1 56065
Dellona, Pl. 30100 - is is
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ailed Balaguer 3525 W. Lake Mary Blud. Ste 301 P.O. Box NOT acceptable
3525 W. Lake Mary Blud. Sts 301
P.O. Box NOT acceptable
Lake Mary, FL 32746
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.
11251 Leonard Solano - Secretary
Signature of an officer or director 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.
7/12/11
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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