

P17000004278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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S. TALLENT

NOV 22 2017

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17 NOV 20 AM 11:03
CLERK OF COURT
ALLIANCE

R/A-24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Works of Wellness Inc

Name of Corporation

DOCUMENT NUMBER: P17000004278

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:

Cheri Bellenger

Name of Contact Person

Works of Wellness Inc

Firm Company

4702 Ashburn Square Drive

Address

Tampa, Florida 33610

City State and Zip Code

worksofwellnessinc@gmail.com ✓

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

For further information concerning this matter, please call:

Cheri Bellenger

Name of Contact Person

at 813 368-1126

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: Works of Wellness Inc
2. The principal office address: 235 W Brandon Blvd. Ste 287
Brandon, Florida 33511
3. The mailing address (if different): _____
4. Date of incorporation qualification: 1/11/2017 Document number: P17000004278

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)

Cheri Bellenger

235 W Brandon Blvd Ste 287

Brandon, Florida 33511

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

Cheri Bellenger

4702 Ashburn Square Drive

P.O. Box NOT acceptable

Tampa, Florida 33610

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.

Cheri Bellenger
Signature of an officer or director

Cheri Bellenger President

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.

Cheri Bellenger
Signature of Registered Agent

11/15/2017

Date

If signing on behalf of an entity:

Works of Wellness Inc

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

CR21045 (03-12)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE