P1700004218

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	Mail
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Statusu
Special Instructions to Filing Officer:	

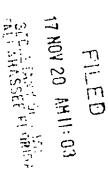
Office Use Only



100305784531

11/20/17--01019--034 **35.00

S. TALLENT NOV 2 2 2017



RIANA

COVER LETTER

Amendment Section TO: Division of Corporations Works of Wellness Inc Name of Corporation P17**0**00004278 DOCUMENT NUMBER The enclosed Statement of Change of Registered Office Agent and fee are submitted for filing. Please return all correspondence conterning this matter to the following: Cheri Bellenger Name of Contact Person Works of Wellness Inc Firm Company 4702 Ashiburn Square Drive Address Tampa,**⊪**Iorida 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: 368-1126

ode & Daytime Telephone Number Cheri Bellenger Name of Contact Person Enclosed is a \$35,00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations P.O. Box 6327 Tallahasses, FI, 32314

CR2F045 (03-F2)

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

statement of change is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this orporation organized under the laws of the State of <mark>Florida</mark> Logice 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):	/11/2017	
4. Date of incorporation qualification:		
1813	rrent registered agent and registered office on file with the	
Cheri Bellenge r		
235 W Brandon E	Blvd Ste 287	
Brandon, Florida	33511 80 TH	
6. The name and street address of the new (if changed):	w registered agent (if changed) and or registered office	
Cheri Bellenge r		
4702 Ashburn Sc	quare Drive	
Tampa, Florida 3	PO Box NOI acceptable 38610:	
as changed will be identical.	re and the street address of the business office of its registered agent.	
	trion duly adopted by its board of directors or by an officer so if ation has been notified in writing of the change.	
Stantie of an officer of arrector	Cheri Bellenger President	
I hereby accept the appointment at real I turther agree to comply with the price performance of my duties, and I am full agent. Or, it this document is being file hereby confirm that the gorporation has	istered agent and agree to act in this capacity, isions of all statutes relative to the proper and complete ailiar with and accept the obligation of my position as registered and merely to reflect a change in the registered office address. In the registered office address.	
Jin Co	11/15/2017	
Signature of Register Agent	Date	
It signing on behalf of an entity:		
Works of Wellness Inc		
	* * FILING FEE: \$35.00 * * *	
MAKE CHECKS P MAIL TO; DIVISION OF CO CR21 045 (03-12)	AYABI E 10 FLORIDA DEPARTMENT OF STATE RPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314	