

PT 0000 54070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

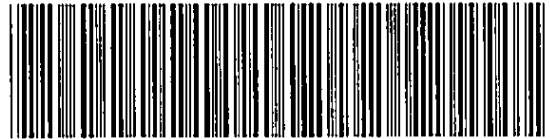
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

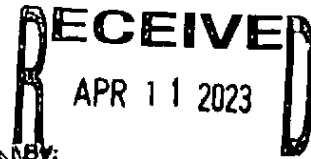
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S. CHATHAM
JUN 21 2023

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2023 APR 11 AM 6:55
CLERK OF SUPERIOR COURT
JULIA S. STONE



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Cedar City, Utah 84720 Rob.He@kkoslawyers.com
Phone 435-586-9366
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April 1, 2023

Department of State
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Wellucate, Inc.** Also enclosed is a check in the amount of \$30 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Rob He
Associate Attorney

Enclosure

**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: Wellucate, Inc.
2. The principal office address: 5323 Millenia Lakes Boulevard, Suite 300, Orlando, Florida 32839
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/21/2017 Document number: P17000054070
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)

Cedric Donaldson

118 East Jefferson Street, Suite 206

Orlando, Florida 32801

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

Registered Agent Solutions, Inc.

155 Office Plaza Drive, Suite A

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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.

Ty Young
Signature of an officer or director

Ty Young, 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.

Krystie Rice
Signature of Registered Agent

04/03/2013

Date

If signing on behalf of an entity:

Krystie Rice, Authorized Agent

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
CR2F015 (04-13)