(P_	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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12/27/21--01010--001 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Wellness linic SUBJECT: Name of Corporation **DOCUMENT NUMBER:**

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:

Name of lon Person Firm/Con Address City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at Name of Area Code & Daytime Telephone Number Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

of ny diffies, 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. Thereby confirm that the corporation has been notified in writing of this change.	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stututes, this statement of change is submitted for a corporation organized under the laws of the State of <u>FDTTOA</u>
2. The principal office address:	The name of the corporation: MCINIC WEINESS CENTERCOR
3. The maning address (I) different):	$11/201 \in H$ $120 \leq \sqrt{20}$
3. The maning address (I) different):	Mami, A. 33184.
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) $\frac{ABOT}{ABOT} = \frac{ABOT}{ABOT} = \frac{ABOT}{ABOT$	3. The mailing address (if different): 14201 S.W. 120 Street Suite
Florida Department of State: (If resigned, onter resigned) HAPOI S. W. 120 STREET, Switch MIANI FL 33184 A POI S. W. 120 STREET, Switch MIANI FL 33184 A POI S. W. 120 STREET, Switch MARK CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	4. Date of incorporation/qualification: 3/24/2021 Document number: P2/000/29/07
(if changed):	
(if changed):	Vanet D. Manes
(if changed):	14201 S.W. 120 STREET, SUITES
(if changed):	Miami, FL 33184
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. May a superized by the board of the corporation has been notified in writing of the change. May a superized by the board of the corporation has been notified in writing of the change. May a superized by the board of the corporation has been notified in writing of the change. May a superized by the board of the corporation has been notified in writing of the proper and complete performance of my duties, and 1 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. Thereby confirm that the	
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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 March A. Word Signature of an other or director I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment of a registered agent and agree to act in this capacity. I hereby accept the obligation of my position as registered agent. Or, if this doctument is being filed merely to reflect a change in the registered office address. Thereby confirm that the Corporation has been notified in writing of this change. If signing on behalf of an entity: Typed or Printed Name *** FILING FEE: \$35.00 * ** MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	Mann L. 33184
March A. Ubeda Printed or typed name and tide March A. Ubeda 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. Thereby confirm that the corporation has been notified in writing of this change. March D. ONES I signature of Registered Agent. If signing on behalf of an entity: Date Typed or Printed Name * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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Typed or Printed Name * * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	Vanet D. Vanes ////e/2021
	Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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