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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Stewart's Pharmacy and the Wellness Store, Inc. Name of Corporation			
DOCUMENT NUMBER: P99000 88186			
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:			
Charles Daniel Jacksow Name of Contact Person			
Stewart's Phanmacy and the Wellness Store, Inc.			
1350 E. Tennessee St. C-2			
Tallahassee, FL 32308 City/State and Zip Code			
Stewarts pharmacy @ hotmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Charles Daviel Jackson at (850) 216-1021 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 Street Address: Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

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: Stewart's Pharmacy and the Wellvess Store To 2. The principal office address: 1350 E. Tennessee St. C-2	<u>~c.</u>
TAllahassee FL 32308	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/1999 Document number: P99 0000 8818	6
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)	
Lee E. Stewart - Resigned	
1350 E Tennessee St. C-2	
Tallahassee, FL 32308	-
6. The name and street address of the new registered agent (if changed) and /or registered office	
Charles Daviel Jackson 85	
1350 E Tennessee St. C-2 P.O. Box NOT acceptable	
Tallahassee FL 32308	
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.	
Charles Davie Jackson Pres. Signature of an officer of director Charles Davie Jackson Pres.	
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.	
Charle Vancil Jack Signature of Registered Agent 6-25-12 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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