

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010269

Entity Name: SPHINX WELLNESS, INC.

Current Principal Place of Business:

10935 SE 177TH PLACE
SUITE 403
SUMMERFIELD, FL 34491

Current Mailing Address:

10935 SE 177TH PLACE
SUITE 403
SUMMERFIELD, FL 34491

FEI Number: 41-2025856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DERIAS, ONSI
2006 SE 28 TH PL
OCALA, FL 34471 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DERIAS, ONSI
Address 2006 SE 28 TH PL
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ONSI DERIAS

MGRM

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date