

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000044598

Entity Name: RAINE OF WELLNESS, INC

Current Principal Place of Business:

1103 NW 58TH TERRACE
219
SUNRISE, FL 33313

Current Mailing Address:

1351 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068

FEI Number: 08-9723809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLINGTON, DELORAINE
1351 SUSSEX DRIVE
NORTH LAUDERDALE, FL 33068 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 WELLINGTON, DELORAINE
Address 1103 NW 58TH TERRACE, #219
City-State-Zip: SUNRISE FL 33313

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: DELORAINE WELLINGTON

MS.

08/04/2020

Electronic Signature of Signing Officer/Director Detail

Date