

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000007329

**Entity Name:** A2Z WELLNESS, INC.

**Current Principal Place of Business:**

981 EAST EAU GALLIE BLVD.  
STE E  
MELBOURNE, FL 32937

**Current Mailing Address:**

981 EAST EAU GALLIE BLVD.  
STE E, PMB#13195  
MELBOURNE, FL 32937 US

**FEI Number:** 86-1856846

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAMBERLAND, JANNETH  
981 EAST EAU GALLIE BLVD.  
SUITE E  
MELBOURNE, FL 32937 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 DPTS  
Name CHAMBERLAND, JUSTIN  
Address 981 EAST EAU GALLIE BLVD.  
STE E  
City-State-Zip: MELBOURNE FL 32937

Title D  
Name CHAMBERLAND, JANNETH  
Address 981 EAST EAU GALLIE BLVD.  
STE E  
City-State-Zip: MELBOURNE FL 32937

*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:** JUSTIN CHAMBERLAND

DPTS

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date