2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2018
Secretary of State
CC5073137493

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Entity Name: THE WELLNESS-CONNECTION, LLC

Current Principal Place of Business:

C/O A CENTER FOR WELLNESS AND LIGHT
2273 LEE RD SUITE 103
WINTER PARK, FL 32789

Current Mailing Address:

2159 CHIPPEWA TRAIL
MAITLAND, FL 32751

FEI Number: 45-2442173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONYERS, KATHY F
2159 CHIPPEWA TRAIL
MAITLAND, FL 32751 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

Authorized Person(s) Detail :

Title	MGR
Name	CONYERS, KATHY F
Address	2159 CHIPPEWA TRAIL
City-State-Zip:	MAITLAND FL 32751

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHY F CONYERS LMT 01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date