

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000067964

Entity Name: CLASSICAL WELLNESS, LLC

Current Principal Place of Business:

2625 KEYSTONE RD.
SUITE A2
TARPON SPRINGS, FL 34688

Current Mailing Address:

2626 KEYSTONE RD.
SUITE A2
TARPON SPRINGS, FL 34688 US

FEI Number: 13-4302159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, KAREN J
2625 KEYSTONE RD.
SUITE A2
TARPON SPRINGS, FL 34688 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: KAREN COX

10/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COX, KAREN
Address 2625 KEYSTONE RD.
SUITE A2
City-State-Zip: TARPON SPRINGS FL 34688

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: KAREN J. COX

OWNER

10/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date