

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000132779

Entity Name: WELLNESS PSYCHOLOGY, LLC

Current Principal Place of Business:

15800 PINES BLVD, STE 300
PEMBROKE PINES, FL 33027

Current Mailing Address:

P.O. BOX 821451
PEMBROKE PINES, FL 33082 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA, VP

10/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OM
Name MORENO, JUANITA
Address P.O. BOX 821451
City-State-Zip: PEMBROKE PINES FL 33082

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: MORENO , JUANITA

OMGR

10/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date