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STATEMENT OF RESIGNATION OF REGISTERED AGENT

1. ENTITY NAME: WELLNESS PATRIOTS LLC

id# 001689017

2. REGISTERED AGENT NAME: Registered Agents Inc., 47 Wood Avenue, Suite 2,
Barrington, RI 02806.

3. STATEMENT OF RESIGNATION:

By the signature appearing below, the registered agent hereby resigns from the appointment as registered agent for the entity named above. The appointment as registered agent terminates (the resignation is effective) as of the thirty-first day after the date on which the Registered Agent Resignation is received by the state under whose jurisdiction the entity conducts business or upon appointment of a new registered agent, whichever is earlier.

4. NAME AND ADDRESS OF THE PERSON AT THE COMPANY THAT THE
REGISTERED AGENT WILL SEND THEIR NOTICE OF RESIGNATION TO:

Denise Iorio
C/O Michael S. Alfred
4843 Colleyville Blvd.
Suite 251-391
Colleyville, TX 76034

5. DATE: 10/24/24

6. SIGNATURE OF REGISTERED AGENT: David Roberts

RI DOS MADE NON-SUBSTANTIVE EDITS

FILED 10:45
NOV 21 2024
BY AKOEG
CBA



State of Rhode Island
Department of State | Business Services Division
Gregg M. Amore, *Secretary of State*

November 21, 2024

WELLNESS PATRIOTS, LLC
ATTN: MIKE ALFRED
6508 COLLEYVILLE BLVD. SUITE 100
COLLEYVILLE, TX 76034

RE: Entity ID# 001689017
WELLNESS PATRIOTS, LLC

Dear Sir or Madam:

This is to notify you that this office received on NOVEMBER 21, 2024 the resignation of REGISTERED AGENTS INC. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Statement of Change of Resident Agent form with this office within the next 30 days.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download Form 642. You can mail the form to us with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese
Deputy Director of Business Services