



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/30/2025	202536305600	Trade Name/Assignment (RNA)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

WELLNESS COLLECTIVE
397 HARROGATE LOOP E
WESTERVILLE, OH 43082

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4248194

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
WELLNESS COLLECTIVE

and, that said business records show the filing and recording of:

Document(s)

Trade Name/Assignment

Effective Date: 12/29/2025

Document No(s):

202536305600

Expiration Date: 10/29/2028

FEATHER AND PINE, LLC
5861 JOHNSVILLE ROAD
CENTERBURG, OH 43011



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
30th day of December, A.D. 2025.


Ohio Secretary of State

Form 524A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Trade Name or Fictitious Name Registration Update****Filing Fee: \$25****Form Must Be Typed**

- ☒ (1) Assignment of Registered Name (116-RNA) ☐ (2) Change of Nature of Business (999-GEN)
- ☐ (3) Change of Address for Registrant (176-RNB) ☐ (4) Cancellation of Registration (184-RNX)
- ☐ (5) Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

Trade Name or Fictitious Name	WELLNESS COLLECTIVE
Registration Number	4248194
Name of Current Registrant	COLUMBUS CORPORATE WELLNESS LLC

Complete the information in this section if box (1) is checked above

New Registrant's Name	FEATHER AND PINE LLC		
New Registrant's Charter/Registration/License Number in Ohio (if applicable)	3902005		
New Registrant's Address			
Mailing Address	5861 Johnsville Road		
City	Centerburg	State	Ohio
ZIP Code	43011		

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name	Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

~~Workplace health and wellness consulting, programs and services~~**Complete the information in this section if box (3) is checked**

Registrant's New Address

Mailing Address

City

State Ohio

ZIP Code

No additional information required if box (4) is checked above. Please sign form below.**Complete the information in this section if box (5) is checked**

New General Partner(s) names(s) and addresses

Name

Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

Columbus Corporate Wellness LLC

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Kathryn Carol Tombaugh

By (if applicable)

Kathryn Carol Tombaugh

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.