

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I20000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

TWINLAB CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of Delawate	
	rder to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: TWINLAB CORPORATION	
	pal office address: 632 Broadway, 11th Floor, New York, NY 10012	
		_
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 12/08/2003 Document number: F03000006056	_
	and street address of the current registered agent and registered office on file with the partment of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
The name an (if changed):	Plantation, FL 33324 and street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street (P.O. Box NOT scorpable) Tallahassee, FL 32301	ī
	Corporation Service Company	
	1201 Hays Street)
	(P.O. Box NOT scorptable)	i •••
	Tallahassee, FL 32301	3
The street add; as changed wil	fress of its registered office and the street address of the business office of its registered agent, ill be identical.	
Such change w suchorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
/ K / A	Maureen Cullen, Attorney In Fact	
hereby accept further agree of my duties, or locument is be corporation ha	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
By: \(\xi \)	ation Service Company 4-33-59	
(\$)	ignature of Registered Rigert) (Date)	
	pehalf of an entity:	
	(Typed or Printed Name)	
``	* * * RILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)