

h07073

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
OPTIMUM NUTRITION, INC.

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

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ALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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T. REMIEUX
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: OPTIMUM NUTRITION, INC.
- 2. The principal office address: 1603 ORRINGTON AVENUE STE 1000
EVANSTON IL 60201
- 3. The mailing address (if different): 975 MERIDIAN LAKE DRIVE, 2ND FLOOR
ATTN: JEN LARIMER AURORA IL 60504
- 4. Date of incorporation/qualification: 12/14/1987 Document number: K07073
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301 US

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

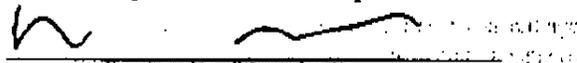
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
P.O. Box NOT acceptable
Palm Beach Gardens, FL 33410

12 FEB 15 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

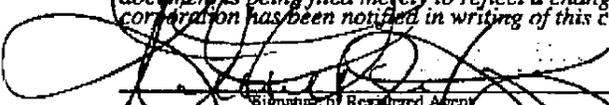
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director Jessica Morales, Special Secretary
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent 2/15/2012
 Date

If signing on behalf of an entity: OPTIMUM NUTRITION, INC.

by Kristine Rey, as Attorney-in-Fact
 Typed or Printed Name

*** FILING 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)