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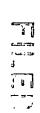




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INTERPRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nutrition Training Systems, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gregory R. Beck, Esq. (Name of Person)
Gregory R. Beck, P.A. (Firm/Company)
707 Southeast 3rd Avenue, Sixth Floor (Address)
Fort Lauderdale, Florida 33316 (City/State and Zip Code)
For further information concerning this matter, please call:
Gregory R. Beck, Esq. at (954) 525-8155 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
✓ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is: N	utrition Training Systems, LLC		
2. The mailing address of	of the limited liability com	pany is : 3901 SW 47th Aver	nue, Suite 409	
Davie, Florida 33314			***************************************	
April 25, 2003		L03000014797		
3. Date of filing/registra	tion in Florida	4. Document number		
5. The name of the regist Florida Department of		ed office address as shown or	n the records of the	he
•	Eric Hoult			
		ame		
	3901 SW 47th Avenu	ie, Suite 409		
	Ac	ldress		
	Davie, Florida 33314		7.0 23	
	City, St	ate and Zip	2007 SEC	·~ =:
6. The name and address	of the new registered ager	nt and/or office:	ISEP 12	
	Gregory R. Beck, Es	a.	SSE 2 2 2 2 3 2 3 2 3 3 5 3 5 5 5 7 5 7 7 7 7 7 7 7 7 7 7 7	
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	707 Southeast 3rd Av		PH 1:	1.4
		P.O. Box NOT acceptable)	ORUD ORUD	
	Fort Lauderdale	_L 33316		
	City, Stat	e and Zip		
confirmed that after the and the business office of liability company, it is he of the members of the li	change or changes are mad f the registered agent will le ereby confirmed that the cl	der the laws of the State of Flee, the Florida street address of the identical. Or, in the case of the	If the registered of if a Florida limite by an affirmative	office ed e vote
Mushly Huss	•			
(Signature of a member or author	rized representative of a member)			
Mushtae Hu (Printed or typed name of signed				
I hereby accept the apple comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, Thereby confire	pintment as registered ageins of all statutes relative to additions of all statutes relative to a discount is being file in that the limited liability of the state of the sta	nt and agree to act in this cap o the proper and complete per of my position as registered as d to merely reflect a change i company has been notified in	acity. I further a formance of my sent as provided in the registered writing of this ch	igree to duties, for in office iange.
(Signature of Registered Agent)				
Divisi	on of Corporations, P.O.	Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00