

LDL000058431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

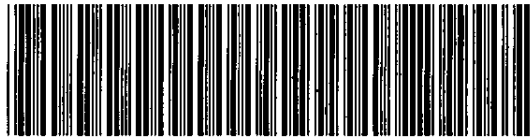
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Asgard Health Eating Disorder Enterprises 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:

Bradford S. Lovette
(Name of Person)

Asgard Health LLC
(Firm/Company)
1675 Palm Beach Lakes Blvd.
#700
(Address)

West Palm Beach FL 334
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Adler at (561) 868 1610
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 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

\$55 Filing Fee & Certified Copy letter.

A \$10 refund is due.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2007

BRADFORD S. LOVETTE
ASGARDHEALTH, LLC
1675 PALM BEACH LAKES BLVD., STE. 700
WEST PALM BEACH, FL 33401

SUBJECT: ASGARDHEALTH EATING DISORDER ENTERPRISES, LLC
Ref. Number: L06000058431

We have received your document for ASGARDHEALTH EATING DISORDER ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 707A00026570

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 limited liability company is: Asgard Health Eating Disorder Enterprises LLC
- 2. The mailing address of the limited liability company is: 1675 Palm Beach Lakes Boulevard, Suite 700, West Palm Beach FL 33401
- 3. Date of filing/registration in Florida: June 7, 2006
- 4. Document number: LO6000058431

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Angell Corporate Services LLC
 c/o Eduardo Angell Palmer & Oddy LLC
 Name
One North Clematis, Ste 400
 Address
West Palm Beach FL 33401
 City, State and Zip

6. The name and address of the new registered agent and/or office:

Asgard Group Inc.
 Name
1675 Palm Beach Lakes Blvd, Ste 700
 Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
 City, State and Zip

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Bradford S. Lovette
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

Refund \$10 due
Su 4/19/07 etc