

P020000012835

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

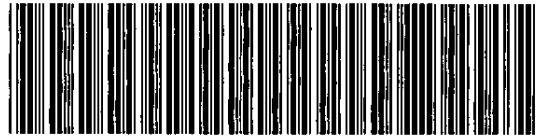
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DIVISION OF CORPORATIONS  
07 OCT -2 PM 2:18

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEST HEALTH, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000012835

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHRYN WALKER  
(Name of Contact Person)

ECFO CORPORATION  
(Firm/Company)

655 W FULTON ST, STE 2  
(Address)

SANFORD, FL 32771  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD VERDIRAMO at ( 201 ) 349-5800  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2007

CATHRYN WALKER  
ECFO CORPORATION  
655 W FULTON ST., STE. 2  
SANFORD, FL 32771

SUBJECT: BEST HEALTH, INC.  
Ref. Number: P02000012835

We have received your document for BEST HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New registered agent original signature is required, photo copies are not required.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 107A00056280

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TALLAHASSEE, FLORIDA

**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: BEST HEALTH, INC.
- 2. The principal office address: 3163 KENNEDY BLVD. JERSEY CITY NJ 07306
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/30/02 Document number: P02000012835

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HOGAN, MAUREEN  
6830 VIA REGINA  
BOCA RATON FL 33433 US

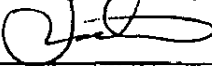
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ECFO CORPORATION  
655 W FULTON ST, STE 2  
(P.O. Box NOT acceptable)  
SANFORD, FL 32771

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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)

Richard Verdiano, VP  
\_\_\_\_\_  
(Printed or typed name and title)

*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 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.*

C Walker C Walker  
\_\_\_\_\_  
(Signature of Registered Agent)

SEPTEMBER 18, 2007  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

CAMRYN L. WALKER CAMRYN L. WALKER  
\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*