Division of Corporations Electronic Filing Cover Sheet

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(((H16000108546 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842 Fax Number : (850)878-5368

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Ema-	 Addross

REGISTERED AGENT CHANGE VITAC CORPORATION

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SHRJ	VITAC CORPORATION ECT:					
50.50	Name of Corporation					
DOC	F02000000980 UMENT NUMBER:					
	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
	return all correspondence concerning this matter to the following:					
	Name of Contact Person					
	Firm/Company					
	Address					
	City/State and Zip Code					
	·					
	E-mail address: (to be used for future annual report notification)					
	2 Mair address. (to be used for fatage aimour report notification)					
For fur	ther information concerning this matter, please call:					
	•					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Street Address: Amendment Section Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					
	Tallahassee, FL 32301					

CR2E045 (03/12)

36 - 05/00/0612 Walton Planus Cution

5/2/2016 12:12:38 PM From: To: 8506176380(3/3)

CR2E045 (03/12)

8579/2013 Walter Klimme Online

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

	provisions of sections 607.0502, 61 inge is submitted for a corporation			•
	r to change its registered office or i		in the State of	^r Florida.
1. The name of t	he corporation: VITAC CORPORAT	TION		
2. The principal	office address: 101 Hillpain	te grive		
 -	ddress (if different): Att	9 PA 15317 -	9503	
3. The mailing a	ddress (if different):A++-	ri Legal Separtor	ent	
	Ond N	norrill Chale S	L. Paul M	าฟ ธรเอธี
4. Date of incorp	poration/qualification: 02/25/2002	Document nu	ımber: <u>F02000</u>	000980
5. The name and	street address of the current registe timent of State: (If resigned, enter re	ered agent and registered		
	CORPORATION SERVICE COMPA	ANY		_
	1201 HAYS STREET TALLAHAS	SEE, FL 32301-2525		_
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	or registered o	office
	C T Corporation System			-
	c/o C T Corporation System, 1200 Sc	outh Pine Island Road		
	P.O. Box	x NOT acceptable		-
	Plantation, Florida 33324	· · · · · · · · · · · · · · · · · · ·		_
The street addre	ss of its registered office and the s be identical.	treet address of the busin	ness office of i	its registered agent,
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of dire on notified in writing of t	ectors or by an the change.	officer so
_ Mellice	under	Melissa Nolan, Vic		
	e of an officer or director		ir typed name and ti	ile
i turiher agree ti	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a s document is being filed merely to hat the corporation has been notif	statutes relative to the r	oroner and con	nplete n as registered ce address, I
By: C T Corp	oration System	5/2/2016	<u> </u>	2011
Sten	ature of Degutered Agent	/a	Date	
If signing on beh			8	
<u> </u>	Assistant S	secretary	186 179	7 C
Ty	ped or Printed Name			6 0
		G FEE: \$35.00 * * *	41.00	2:
MA	MAKE CHECKS PAYABLE TO IL TO: DIVISION OF CORPORATION	FLORIDA DEPARTMENT S, P.O. BOX 6327, TALL		