## F04000005326

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e#)
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Div	vision of Corporations	
SUBJECT:	. Vitality Foodservice, Inc.	poration)
DOCUME	NT NUMBER: F0400005326	
The enclose	ed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please retur	rn all correspondence concerning this matter to	the following:
	Patty Boverie	
	(Name of Contac	ct Person)
	National Corporate Services	
	(Firm/Comp	pany)
	2 Club Centre Court Suite 5	
	(Address	s)
	Edwardsville, Illinois 62025 (City/State and 2	7: (1-1-)
i Dan Gunthan i	•	•
ror lufther i	information concerning this matter, please call	:
Patty Boy	verie (Name of Contact Person)	at ( 866 ) 416-6274 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainge is submitted for a corporation organized under the laws of the State of $\frac{D}{C}$ in the State of $\frac{D}{C}$ in the State of Floringe its registered office or registered agent, or both, in the State of Floring	E		_	
1. The name of t	the corporation: Vitality Foodservice, Inc.				
	office address: 400 North Tampa Street				
	, FL 33324				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 09/17/04 Document number: F04000	005	326		
5. The name and	I street address of the current registered agent and registered office on file with trment of State:				
	CT Corporation System				
	1200 South Pine Island Road	*	SEC	07	
	Plantation, FL 33324	e i	RETA	<u> </u>	<u> </u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	e	RY OF	SEP 10 PM 3	037
	NRAI Services, Inc.		EST.	ယ္အ —	
	2731 Executive Park Drive, Suite 4		<b>O</b> E	UN-	
	(P.O. Box NOT acceptable) Weston, FL 33331				
The street addre	ess of its registered office and the street address of the business office of its be identical.	regis	tered age	nt,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	ffice	r so		
K-5	Kimberly Johnson, CFO, V.P., (Printed or typed name and title		;y.,	_	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp of I may be suite and accept the obligation of my position as registered in a filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete p agen conf	performa t. Or, if t irm that t	nce his he	
_ Ju	that the desired Agent)  9/4/07 (Date)			_	
If signing on bel	half of an entity:				
Sean L. En	merick, Asst. Secretary				

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

(Typed or Printed Name)