

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,,		
(Samuel News)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Filling Officer.		

Office Use Only



08/23/16--01035--001 \*\*35.00

16 AUS 23 PH 3: 19
SECRETARIST PROPRIETA

19 Or 2016

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 19, 2016

Order#: 252930-087

Re: PRUITTHEALTH NUTRITIONAL SUPPLY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nnge is submitted for a corport	ation organized under the laws of the State of GA
		te or registered agent, or both, in the State of Florida.
1. The name of	the corporation:	TH NUTRITIONAL SUPPLY, INC.
• •	office address:	S, GA 30093
3. The mailing a	address (if different):	
4. Date of incorporation/qualification: 04/05/2005 Document number: F05000002099		
	I street address of the current returnent of State: (If resigned, en	registered agent and registered office on file with the nter resigned)
	C T CORPORATION SYSTE	<u> </u>
	1200 SOUTH PINE ISLAND	ROAD
	PLANTATION	FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Corporation Service Compa	ny San
	1201 Hays Street	No. 10 Co. 10 Co
	Tallahassee	P.O. Box NOT acceptable FL 32301
The street addre		the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
Jee,	2. Where	Jill Cilmi, Vice President
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	te of an officer or director  the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed mer	Printed or typed name and title  d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I a notified in writing of this change.
By: Line	ice Cokuble	08/18/2016
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Asst. Vice President	
Ty	yped or Printed Name	

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