

FO70000001643

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 15 AM 8:26

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2008 FEB 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SUNLIFE NUTRITION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

R01chg  
102/19/08

Electronic Filing Menu

Corporate Filing Menu

Help



February 18, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUNLIFE NUTRITION, INC.  
516 NW 20TH STREET  
FORT LAUDERDALE, FL 33311

SUBJECT: SUNLIFE NUTRITION, INC.  
REF: F07000001643

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The corporate address and the registered agent address is listed at 2201 WILTON DRIVE FORT LAUDERDALE FLORIDA but has 2 (two) DIFFERENT zip codes, which ONE is the CORRECT zip code?

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 708A00010248

RECEIVED  
2008 FEB 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



February 18, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUNLIFE NUTRITION, INC.  
516 NW 20TH STREET  
FORT LAUDERDALE, FL 33311

SUBJECT: SUNLIFE NUTRITION, INC.  
REF: F07000001643

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify that the zip code for the new registered office is the same as the new corporate address (33305).

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 008A00010162

RECEIVED  
2008 FEB 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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 Delaware  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunlife Nutrition, Inc.
2. The principal office address: 2201 Wilton Drive, Fort Lauderdale, FL 33305
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/26/2007 Document number: P07000001643
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:  
Rainer Schindler  
516 NW 20th Street  
Fort Lauderdale, FL 33311
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):  
2201 Wilton Drive  
Fort Lauderdale, FL 33305  
(P.O. Box NOT acceptable)

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.

✓ Rainer Schindler  
(Signature of an officer or director)

Rainer Schindler, Secretary

(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.

✓ Rainer Schindler  
(Signature of Registered Agent)

February 14, 2008

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05) 5038842

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