## F10000005337

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP		MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DEPARTED OF STATE 12 JUL 25 AH 10: 50



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ACCOUNT NO. : 12000000195

REFERENCE : 281440

7891993

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 25, 2012

ORDER TIME : 9:24 AM

ORDER NO. : 281440-011

CUSTOMER NO: 7891993

## CHANGE OF AGENT

NAME: PURE HEALTH SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organize	ed under the laws of the State of Idaho
in order to change its registered office or registere	ed agent, or both, in the State of Florida.
1. The name of the corporation: PURE HEALTH SOLU	ITIONS, INC.
2. The principal office address:	
950 Corporate Woods Parkway, Vernon Hills, IL	60061
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/03/2010	Document number: F10000005337
5. The name and street address of the current registered age Florida Department of State:	nt and registered office on file with the
NRAI Services, Inc.	
515 E. Park Avenue	55 F
Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed):  Corporation Service Company	if changed) and /or registered office
1201 Hays Street	·
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street ac as changed will be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified.	
Marine (athel)	Maureen Cathell, Vice President
[ (Signature of an officer or director)  I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.  Corporation Service Company	es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
(Signature of Registered Agent)	July 18, 2012 (Date)
If signing on behalf of an entity:	
Grace E. Kirby, Asst. VP	
(Typed or Printed Name)	. 675 00 * * *
* * * FILING FEE	. 033.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314