F11000004057

(Requ	uestor's Name)	<u> </u>
(Addr	ess)	
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(City/s	State/Zip/Phone #)	, <u></u>
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
(Docu	ument Number)	<u>.</u>
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RAChangl 9/4/12

DC



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE	284606	507842
REFERENCE AUTHORIZATION	pullecens	

COST LIMIT : \$ 35.00

ORDER DATE : July 23, 2012

ORDER TIME : 10:33 AM

ORDER NO. : 284606-010

CUSTOMER NO: 5078426

CHANGE OF AGENT

NAME: VITACOST.COM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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 Stange is submitted for a corporation organized under the laws of the State of \square are to change its registered office or registered agent, or both, in the State of Flor	elawar		
1. The name of	the corporation: VITACOST.COM, INC.			
	office address: en Sound Blvd., Ste. 500, Boca Raton, FL 33487			
3. The mailing a	address (if different):		·	
4. Date of incor	poration/qualification: 10/10/2011 Document number: F110000	04057		
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
	C T Corporation System			
	1200 South Pine Island Road	± #;	_ 	
	Plantation, FL 33324		2 95	
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered offic	e se se		THE ENGLY THE CONTROL OF T
	Corporation Service Company	*if	ώ.	areacr.
	1201 Hays Street	**	29	
	P.O. Box NOT acceptable Tallahassee, FL 32301	3**		
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	egistered	d agent	.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so		·
W Signatur	re of a pointeer or director Printed of Algorial name and title	eyL.	MAR	BACH.
agent. Or, if thi hereby confirm	The appointment as registered agent and agree to act in this capacity. 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 comply with the provision of all statutes relative to the proper and comply my duties, and I am familiar with and accept the obligation of my position as so document is being filed merely to reflect a change in the registered office of that the corporation has been notified in writing of this change. The Service Company	lete s registe address,	red I	ite Suctory
By:	Nature of Registed Agent 8-31-2012 Date			
If signing on bel	half of an entity:			
	pet, Asst. Vice President			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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