ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 **CUS** CERTIFIED COPY_ 000002782310 -02/22/99--01028--((CORPORATE NAME & DOCUMENT #)

3.) (CORPORATE NAME & DOCUMENT #)

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

7. (CORPORATE NAME & DOCUMENT #)

8. 33

SPECIAL INSTRUCTIONS

SOURCE BASE OF THE CO EDS 50

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 617.0502, 607.1508, or provision organized under the laws of the State of <u>CAL</u> I		
_	owing statement in order to change its registered office of		
State of Florida		. •	
1. The name of	the corporation is: PHARMAVITE CORPORATION		
2. The mailing a	address of the corporation is: 15451 SAN FERNANDO	MISSIO	N BOULEVARD,
MISSION H	HILLS, CA 91345		
3. Date of inco	rporation/qualification: 8/26/93 Document	it number:	793000003890
4. The name and	d address of the current registered agent and office:		
	NAMIONGGODD DUGIGEDDDD AGDWG	,	
•	NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE	1	4
			99 MAL
5 The name and	TALLAHASSEE, FL 32301 d address of the new registered agent and office: (P. O. Bo	Not Acces	
J. THE HAIR AR	PARACORP INCORPORATED	A HOLACCE	FILL TASSE TASSE
		-	्राष्ट्र स
	236 EAST 6TH AVENUE		F D
,	TALLAHASSEE, FL 32303	1	
The street addr agent, as chang	ess of its registered office and the street address of the bed, will be identical.	ousiness offi	ce of its registered
Such change w	as authorized by resolution duly adopted by its board of he baard.	directors of	r by an officer so
VL.	We Law X	10/1	すっ
e(Signatur	e of an officer, chairman or vice chairman of the board)		Date
LYNN	GARRUTO VICE PRESIDENT, FINANCE		
	(Printed or typed name and title)		(Date)
corporation, l l I further agree	amed as registered agent and to accept service of proce hereby accept the appointment as registered agent and to comply with the provisions of all statutes relative to f my duties, and I am familiar with and accept the oblig st.	agree to act	t in this capacity. and complete
$ \mathcal{L} $	Danie Bollman	· ·	slelse
	Signature of Registered Agent)	(Dat	e)
If signing on beha	LNER, ASSISTANT SECRETARY If of an entity:	•	
(Typed or Printed Name)	(Čapacity)
		_	

FILING FEE: \$35.00

CR2E045(4/95)