Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

NATURAL RETAIL GROUP, INC.

Certificate of Status	
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Cértified Copy	0
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12/17/2007

CT CORPORATION SYSTM

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

statement of cha	nge is submitted	tions 607.0502, 617.050 for a corporation organ gistered office or regist	ized under the	laws of the State	of DI	<u> </u>	_	
1. The name of	the corporation:_	Natural Retail Group,	Inc.					
2. The principal office address: Seebreeze Shopping Plaza, 30555 US Hwy 19N, P				lm Harbor, FL 34684				
No.			. ,		•			
3. The mailing a	ddress (if differe	nt):						
4. Date of incorporation/qualification: 4/11/95 Document number:				F95000001747				
	t street address o tment of State:	f the current registered a	gout and regis	tered office on fi	e with th	le		
	SYLVIA K. P	IERPOINT						
30555 US HWY 19 N					=			
PALM HARBOR FL 34684				·	1000	07[
6. The name and (if changed):	d street address o	f the new registered age	nt (if changed)	and/or registers	d office	RETAR) AHASS	DEC 17	
,	CT Corpora	tion System				E O	P	1
···	1200 South	Pine Island Road				ES.	ŧ:	
(P.O. Box NOT scospieble)					器	သ		
	Plantation, I					Smi		
The street addr	osa of its registe: l be identical.	red office and the street	t address of th	e business office	of its re	gistered a	gent,	
Such change wanthorized by t	as authorized by he board, or the	resolution duly adopte corporation has been n	ed by its board otified in writ	of directors or the chang	y an off	icer so		
Mark Shamber, Vice Pre (Signature of an officer or director) (Printed or typed no				sident, CFO & Sec				
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment to comply with a comply with and I am familiar ing filed merely as been notified.	it as registered agent at the provisions of all sta with and accept the ob to reflect a change in t n writing of this change	nd agree to ac tutes relative ligation of my he registered e.	of in this capacity to the proper and position as rest office address, I	comple tered a sreby d	ete perform gent. Or confirm the	nance if this it the	
(S	ignature of Registered	Agent)		(Date)				
If signing on b	en e	i.						
Vice	President	re)]			
,	California (1911	* * * FILING F	EE: \$35.00 *	* *	1			
), CR2E045 (\$/05)	Make (Mail to: Divisio	CHECKS PAYABLE TO FI ON OF CORPORATIONS, I	orida Depai P.O. Box 632	rtment of Stat 7, Tallahasser	FL 323	314		

12/17/2007 15:53 850878526