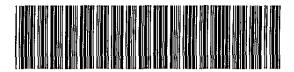
## F97000000402

| (Requestor's Name)                      |                   |             |  |  |  |
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| (City/State/Zip/Phone #)                |                   |             |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
|   |                   |             |  |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |  |
|   |                   |             |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
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| Contilled Carries                       | Cartificator      | of Status   |  |  |  |
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Office Use Only



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03 JUL 17 PN 4: 26 DIVISION OF CORPORATION

C. Coullisie JUL 1 8 2003



ACCOUNT NO. : 072100000032

REFERENCE: 165655

7306731

AUTHORIZATION

COST LIMIT : \$ 35.00 alucio

ORDER DATE: July 11, 2003

ORDER TIME : 1:13 PM

ORDER NO. : 165655-195

CUSTOMER NO: 7306731

CUSTOMER: Debra Dyckman

Nbty Inc.

90 Orville Drive

Bohemia, NY 11716-2510

## CHANGE OF AGENT

NAME: THE RUDOLPH STABLES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

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

| Pursuant to the provi   | sions of sections 607.0502,   | 617.0502, 6  | 07.1508, or 617.1508  | , Florida Statutes,  |
|---|---|--|---|--|
| this statement of chang   | ge is submitted for a corpora   | tion organiz   | ed under the laws of ti   | he State of  |
| New York  | in order to change its regist   | tered office o   | or registered agent, o  | r both, in the State   |
| of Florida.   |   | •  |   |  |
| 1. The name of the cor  | rporation: THE RUDOLPH STA  | BLES, INC.   |   |  |
| 2. The principal office   | address:  |  |   | 1 S 03   |
| C/O NBTY, 90 Orv.   | ille Drive, Bohemia, NY   | 11716  |   | 是是工  |
| 3. The mailing address  | s (if different):   | · · · · · · · · · · · · · · · · · · ·  | <del></del>   | SSE T  |
| 4. Date of incorporation  | on/qualification: 02/12/1997  | ·· s.  | Document number: F5   | 700000 \$402   |
| 5. The name and stree Florida Department  | t address of the current regist of State:   | tered agent a  | nd registered office on   | file with the  |
| Arthu   | r Rudolph   |  |   |  |
| 17615   | Lake Estates Dr.  |  |   |  |
| Boca  | Raton, FL 33496   | <u></u>  |   | <del>_</del>   |
| changed):   | et address of the new regist  | tered agent (  | if changed) and /or r   | egistered office (i  |
| Corpo   | ration Service Company  |  |   | <del></del>  |
| 1201  | Hays Street<br>(P.O. Box or personal r  | nailbox NOT acce   | ptable)   | <del></del>  |
| rn <u>-</u> 1 1 a i   | nassee, FL 32301  |  |   | _  |
|   | its registered office and the slibe identical.  | street addres  | s of the business offic   | e of its registered  |
|   | norized by resolution duly act  |  |   |  |
|   | antino  | Anne Mart  | in, Attorney in Fac   | <u>:t</u>  |
| I hereby accept the and I further agree to con performance of my duregistered agent. Or, office address, I here | ppointment as registered age<br>iply with the provisions of a<br>ities, and I am familiar with<br>if this document is being fil<br>by confirm that the corporat | ent and agre<br>ll statutes re<br>and accept<br>ed merely to<br>ion has beer | e to act in this capaci<br>lative to the proper a<br>the obligation of my p<br>reflect a change in th<br>notified in writing of | ty.<br>nd complete<br>position as<br>ne registered<br>f this change. |
| Aguin Que   |   |  | 2003 (Date)   | <u> </u>   |
| If signing on behalf of an  | <u> </u>  |  |   |  |
| Sylvia Queppet  |   | Assistant  | Vice President  |  |
| (Typed or   | Printed Name)   |  | (Capacity)  |  |

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