

201000021840

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DB

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OF COUNSEL



August 3, 2006

**FLORIDA DEPARTMENT OF STATE**

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

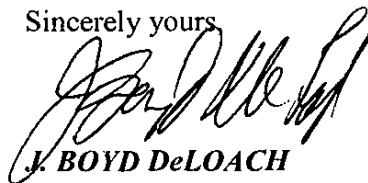
Re: Berner s/t Slanina  
Our File No. 06-13325  
Document Number L01000021840

Dear Sirs:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company concerning the above-referenced limited liability company, along with this firm's check in the amount of \$25.00 for filing same.

Please return a confirmation of this change to this office.

Sincerely yours

  
J. BOYD DeLOACH

JBD/cmr  
Enclosures

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: ABUNDANT HEALTH DAY SPA, LLC
2. The mailing address of the limited liability company is: 1852 Renzulli Road, New Smyrna  
Beach, Florida 32168

- december 13, 2001 L01000021840~
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SHERRI L. BERNER  
Name  
143 Live Oak Court  
Address  
New Smyrna Beach, Florida 32168  
City, State and Zip

6. The name and address of the new registered agent and/or office:

MARY K. SLANINA  
Name  
1852 Renzulli Road  
Florida street address (P.O. Box NOT acceptable)  
New Smyrna Beach FL 32168  
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary K. Slanina  
(Signature of a member or authorized representative of a member)

MARY K. SLANINA  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mary K. Slanina  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**