

Division of Corporations

Page 1 of 2

L0200000/220

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000063883 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : D. MICHAEL CHESSER
Account Number : I20010000173
Phone : (850) 651-9944
Fax Number : (850) 651-6084

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 25

AL

RECEIVED
02 MAR 25 AM 10:47
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

ADVANTAGE NUTRACEUTICALS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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: Advantage Nutraceuticals, L.L. C.

2. The mailing address of the limited liability company is : Post Office Box 6490

Destin, Florida 32550

January 16, 2002

3. Date of filing/registration in Florida

L02000001220

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:

Wallace C. Kemper

Name

201 Bayshore

Address

Destin, Florida 32550

City, State and Zip

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

H. Bart Fleet

Name

1201 Eglin Parkway

Florida street address (P.O. Box NOT acceptable)

Shalimar

FL

32579

City, State and Zip

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.

(Signature of a member or authorized representative of a member)

Thomas E. Nelson, Managing Member

(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.

(Signature of Registered Agent)

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 25