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ACCOUNT NO. : 07210000032 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.000 ORDER DATE: August 23, 2007 ORDER TIME : 10:47 AM ORDER NO. : 067548-010 CUSTOMER NO: 4328337 CHANGE OF AGENT BETTER BODY SHOP OF NAPLES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER:

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: 1	BETTER BODY SHOP OF NAPLES, LLC	
2. The mailing address of the limited liability com	pany is: 3409 Westview Drive,	
Naples, Florida 34104		
1105105, 1101100 5 110 1	The state of the s	
May 17, 2005	L05000049057	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the	
	SP, INC.	
Name		
3001 Tamiami Trail North #400 Address		
	lorida 34103 Fo 9	
City, St	ate and Zip	
City, State and Zip 6. The name and address of the new registered agent and/or office: Cohen & Grigsby, P.C. Name 27200 Riverview Center Blvd., Suite 309 Florida street address (P.O. Box NOT acceptable)		
Cohen & C	Grigsby, P.C. me enter Blvd., Suite 309	
Na	ma SAY 2	
	enter Blvd., Suite 309	
· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable)	
Bonita Springs I	FL 34134 Property and Zip	
City, Stat	e and Lip	
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 member or authorized representative of a member)		
Lynne M. Rader, Authorized Representative (Printed or typed name of signee)		
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Cohen & Grigsby, P.C. By: Soft Heavy C. Cohen (Signature of Registered Agent)	nt and agree to act in this capacity. I further agree to be the proper and complete performance of my duties, if my position as registered agent as provided for in a did to merely reflect a change in the registered office company has been notified in writing of this change.	

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