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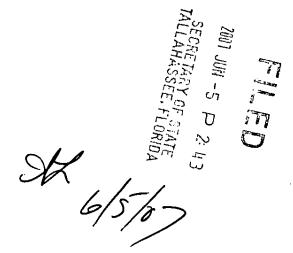
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2007

DEANNA B. BARRINGTON 182 HIGHBROOKE BLVD. OCOEE, FL 34761

SUBJECT: MOTHER NATURE'S DIET, LLC

Ref. Number: L06000045024

We have received your document for MOTHER NATURE'S DIET, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 507A00035756

COVER LETTER

TO: Amendment Section Division of Corporations	
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Morrosanstrations	and the service of th
SUBJECT: Mother Nature's Diet	Secretary and the secretary
:atriame:orazorpi	ration)
DOCUMENT NUMBER: 1206000045024	·
POCCOMENT NUMBER: 1200000 10024	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for, filing.
Please return all correspondence concerning this matter to:	hejföllowing:
The same of the sa	
.≪Deanna B. Barrington	•
(Name of Contact	t:Person)

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Mother Nature's Diet (Firm/Compa	ALL ARE SECOND JUN T
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№Ocoee/Floridal347.61	\$ ₩
(City/State and Z	ip Code)
For further information concerning this matter, please call:	the state of the s
1 of future information concerning this matter, preuse can.	·•
Deanna B. Barrington	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	nt of State.
Mailing	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	.2661 Executive Center Circle
, ,	Tallahassee, FL 32301

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mother Osturos Det (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deanna B. Barrington (Name of Person) ABB & T		
Wother I graves Die 1		
180 Highbrooke Blud.		
Ococe Houda 3476/ (City/State and Zip Code)		
For further information concerning this matter, please call:		
Deama Barria tonata (401) 905 - 5207 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\text{ S55 Filing Fee & Certified Copy}		
INHS18 (8/05)		

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: Mother Vaturos Die
2. The mailing address of the limited liability company is: 180 Highorope 1. Blud, Occeptoriology 34) Louis Louis Louis 24
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: Name Address City, State and Zip
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable)
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)
Deanna Barrigton
(Printed or typed name of signee)
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.

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