Division of Conforations 1/2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690 O AUG II AM 8: 37 ECRETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLAW@GRAY-ROBINSON.COM

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LLC REGISTERED AGENT CHANGE BERNSTEIN PRAWER, LLC

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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. Name of the limited liability company:	BERNSTEIN PRAWER, LLC
2. (a) Principal office address of limited liability comp	pany: c/o Dr. Bernstein Health & Diet Clig
(Note: MUST BE STREET ADDRESS)	21 Kem Rd. Toronto, ON M3B1S-9 CA
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
03/22/2007	L0700003107 😂 😀
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	J. Darin Stewart
Registered Office Address:	GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando. FL 32801
(b) Enter name of <u>NEW Registered Agent</u> and/or]	NEW Registered Office address:
NEW Registered Agent:	Troy A. Kishbaugh
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	301 E. Pine Street, Suite 1400
	Orlando ,FL32801
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	
Dr. Bernstein Clinics Inc., Member, By: W	largen Bernstein, Director of Operations
I hereby accept the appointment as registered agent an amply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. I his accument is heigh filed to address. I hereby confirm that the implied hability composition of Registered Agent Division of Corporations, P.O. Bos	e proper and complete performance of my duties, of position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. 6327, Tallahassee, FL 32314
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