Division of Corpora



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

: (954)525-7500

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REGISTERED AGENT CHANGE

BETTER HEALTH BEVERAGE, LLC

Certificate of Status	0
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Corporate Filing Menu

M. THOMAS

SEP - 4 2009

EXAMINER

(((H090001951013)))

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. BETTER HEALTH BEVERAGE, LLC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3350 NW BOCA RATON BLVD STE B-2 **BOCA RATON, FL 33431** (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 12/05/2008 L08000111645 Document number 3. Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of SASSON MOULAVI Registered Agent: 3350 NW BOCA RATON BLV Registered Office Address: SUITE B-38 **BOCA RATON FL 33431** (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: DENNIS D. SMITH, ESQ **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby onfirmed 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 RICHARD KAYNE, MANAGER 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 comfirm 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