

Division of Corporations

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**L10000096078**Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC  
Account Number : 120070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-635813 MAY 19 AM 8:42  
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VITAL BLUE, LLC

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C. LEWIS

MAY 20 2013

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. Name of the limited liability company: VITAL BLUE, LLC
2. (a) Principal office address of limited liability company: 1646 ROBINHOOD LN.  
 (Note: **MUST BE STREET ADDRESS**) CLEARWATER, FL 33764
- (b) Mailing address of limited liability company: 1646 ROBINHOOD LN.  
 (Note: **MAY BE POST OFFICE BOX**) CLEARWATER, FL 33764
3. Date of filing/registration in Florida: 05/14/2010
4. Document number: L1000098078
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC  
 Registered Office Address: 12000 N. DALE MABRY HWY SUITE 110  
TAMPA FLORIDA 33618
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
NEW Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC  
NEW Registered Office Address: 18952 N. DALE MABRY HWY SUITE 102  
**(MUST BE FLORIDA STREET ADDRESS)** LUTZ, FL 33548

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

NICKOLAS J. SPRADLIN as authorized representative of a member  
 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.*

Signature of Registered Agent

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