

L 68280

Requestor's Name

NATIONAL[®]
HEALTH PRODUCTS

Kirkman Commerce Center
731 Kirkman Road ■ Orlando, Florida 32811

800002359168--0

-12/01/97--01111--020

*****35.00 *****35.00

Office Use Only

BER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 8 1997

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA 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 corporation is: NATIONAL HEALTH PRODUCTS, INC.
2. The mailing address of the corporation is: 731 KIRKMAN RD.
ORLANDO, FL 32811
3. Date of incorporation/qualification: APRIL 25, 1990 Document number: L 68280
4. The name and address of the current registered agent and office:

~~FRANK P. NISI~~ Tom Ciola
~~205 E. CENTRAL BLVD.~~ 731 Kirkman Rd.
ORLANDO FL 32811-2011

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

DEAN ORR
505 WEKIVA SPRINGS RD SUITE 800
LONGWOOD FL 32779

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Thomas Ciola Pres. 8-23-97
(Signature of an officer, chairman or vice chairman of the board) (Date)

THOMAS CIOLA PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Dean Orr 9/26/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

DEAN ORR REGISTERED AGENT
(Typed or Printed Name) (Capacity)