Division of Corporations 1/3/2020

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE VITALIZE, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. Na	me of the limited liability company: Vitalize, LLC			
	5777 N. Mecker Ave	(b)	Attn: Legal, 1111 Expedia Group Way West	
. (શ) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Boise, ID 83715		Scattle, WA 98119	
	06/28/2006	_	M06000003627	
,	Date of filing/registration in Florida	4.	Document number	
	THE PRENTICE HALL CORPORATION SYSTEM, INC.			
(a)	Registered Agent and Registered Office shown on the records of the		Dept. of State:	
	1201 HAYS STREET		20 SEC	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	FIL ECKLIAKO	
	TALLAHASSEE, FL	32301	<u> </u>	
(b)	NRAI Services, Inc.			
(-7	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	idress:	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, FL_	23324		
the chagent was/v	limited liability company is not organized under the law tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	rs of the the regi ability c f the lin limited	e State of Florida, it is hereby confirmed that after istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. chael S. Marron	
	or a member or authorized representative of a member		Printed or typed name of signee	
Sign				
I her provi the or	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I f ed in writing of this change.	d för in hereby i	et in this capacity. I juriner agree to comply thin mance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been ellne: Asst. Secretary	

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