

M08000004637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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09/20/10--01020--005 **25.00

FILED
10 SEP 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Dynamic Health Group LLC +

2. (a) Principal office address of limited liability company: 297 Kingsbury Grade +
(Note: **MUST BE STREET ADDRESS**) Suite 100 +
Stateline, NV 89449 +

(b) Mailing address of limited liability company: PO Box 4470 +
(Note: **MAY BE POST OFFICE BOX**) Stateline, NV 89449-4470 +

October 16, 2008 M08000004637
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: Capitol Corporate Services, Inc.

Registered Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Northwest Registered Agent, LLC.

NEW Registered Office Address: 2022-2 Raymond Diehl Rd
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

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.

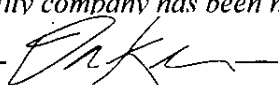
*Seguros S.A., its Manager
By: Nevis Corporate Management Solutions LLC, its Secretary*


(Signature of a member or authorized representative of a member)

By: Greg Davis, Authorized Party
(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)

 Dan Keen-Manager

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