

M090000003702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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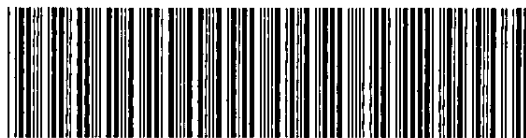
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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 043347 7224143

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 6, 2014

ORDER TIME : 5:27 PM

ORDER NO. : 043347-005

CUSTOMER NO: 7224143

CHANGE OF AGENT

NAME: BEYOND HEALTH INTERNATIONAL,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: BEYOND HEALTH INTERNATIONAL,

2. (a) 6555 POWERLINE ROAD (b) 6555 POWERLINE ROAD

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SUITE 101

SUITE 101

FT. LAUDERDALE, FL 33309

FT. LAUDERDALE, FL 33309

09/17/2009

M09000003702

3. Date of filing/registration in Florida

4. Document number

5. (a) RICHARDINE FRIESECKE OBRIEN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6555 POWERLINE ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 101

FORT LAUDERDALE, FL 33309

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office 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.

Richardine Friesacke OBrien
Signature of a member or authorized representative of a member

Richardine Friesacke OBrien

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 605, 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.

Sue G. Knight
Signature of Registered Agent

BY:

Sue G. Knight
Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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