

MID00002111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

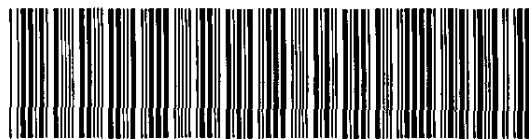
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUL 30 2012

EXAMINER



500237423445

RECEIVED

12 JUL 27 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 JUL 27 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 07/27/2012**

**NAME: VITALZ TECHNOLOGIES, LLC**

**TYPE OF FILING: CHANGE OF RA ADDRESS**

**✓ COST: \$25**

**RETURN:**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

**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: Vitalz Technologies, LLC

2. (a) Principal office address of limited liability company: 8408 Benjamin Road

**(Note: MUST BE STREET ADDRESS)** Tampa, FL 33634

(b) Mailing address of limited liability company: 8408 Benjamin Road

**(Note: MAY BE POST OFFICE BOX)** **Tampa, FL 33634**

<u>05/10/2010</u>	<u>M10000002111</u>
3. Date of filing/registration in Florida	4. Document number

M10000002111  
4. Document number

**5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:**

**Registered Agent:** David Weathers

Registered Office Address: 5012 West Lemon Street  
Tampa, FL 33609

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

**NEW Registered Agent:** David Weathers E. A.

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)**

**(MUST BE FLORIDA STREET ADDRESS)**

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

**David Weathers, Manager**

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**