Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE VITAFLO USA LLC

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Help

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.

I. Na	ame of the limited fiability company: VITAFLO USA	1.1.0				
2. (a)			b)	Mailing address of limited li		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		i	Mailing address of limited if (Nate: MAY BE POST 6		
	316 Montgomery St.		316 Mon	ntgomery St.		
	Alexandria, VA 22314		Alexandr	ia, VA 22314		
	03/30/2015		M15000002	901		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
π. (α)	Registered Agent and Registered Office shown on the records of	if the Flori	da Dept. of Stat	- ie:	202	JWI.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_		<u> </u>	
	1201 HAYS STREET			_	2021 NOV -9	유동기
	TALLAHASSEE, F	L_32301-	2525	_		68.03 68.03 6.04.04 6.04.04 6.04.04
(b)	C T Corporation System				AM 10:	HAIS HAIS
\ **/	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddrgs5:	-	77	7.
	NEW Registered Office Address:			_		
	1200 South Pine Island Road			_		
	Plantation, F	L_33324		-		
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of the li e limited	gistered offic company, it i mited liabilit Hiability cor	e and the business offic is hereby confirmed tha ty company or as others npany.	e of the	registered .nge(s)
Signa	Signature of a member or authorized representative of a member		Jeanne Nelson, Vice President Printed or typed name of signee			
I here provisi the ob- to mer notified By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. C.T. Corporation System Terre Better, Addition Secretar.	しょ ファックプノファ	ロトラング・ロングショー・ヘップ・コストスト	pacity. I further agree to duties, and Law famili	o comply or with 5	11777 107 7771