P01000116604

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Lumina Health Products, Inc
Name of Corporation
PO1000116604

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Rubin

Name of Contact Person

Lumina Health Products, Inc

Firm/Company

2301 Porter Lake Drive

Address

Sarasota, FL 34240

City/State and Zip Code

mark@luminahealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rubin

941 ,379-0479

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	e is submitted for a corpo	ration organized under the laws of the Sta	ate of Florida	
in order to	ochange its registered offi	ice or registered agent, or both, in the Sta	-	
1. The name of the	the corporation: Lumina Health Products, Inc			
2. The principal of	fice address:	2301 Porter Lake Driv	<u>'e </u>	
		Sarasota, FL 34240		
3. The mailing add	ress (if different): (same	e)		
4. Date of incorpor	ration/qualification: 12	/10/2001 Document number:	P01000116604	
5. The name and st		registered agent and registered office on		
	M	Mark Rubin	最高力	
_	3693 Wa	alden Pond Drive	15 LE	
	Saras	ota, FL 34240		
6. The name and st (if changed):	reet address of the new re-	gistered agent (if changed) and /or registe	red office	
•	N	1ark Rubin	· · · · · · · · · · · · · · · · · · ·	
2301 Porter Lake Drive				
_	P.O. Box NOT acceptable			
_	Saras	ota, FL 34240	<u></u>	
The street address as changed will be	of its registered office an	d the street address of the business offic	e of its registered agent,	
Such change was a authorized by the	authorized by resolution d board, or the corporation	luly adopted by its board of directors or has been notified in writing of the chang	by an officer so	
	/ ' /	Mark Rubin, F	President	
Signature o	of an officer or director	Printed or typed name	e and title	
I further agree to performance of my agent. Or, if this c	comply with the provision y duties, and I am familia document is being filed m	ed agent and agree to act in this capacit ns of all statutes relative to the proper an r with and accept the obligation of my po erely to reflect a change in the registere en notified in writing of this change.	id complete osition as registered	
		August 9,	2013	
Signate	ure of Registered Agent	Date		
If signing on beha	If of an entity:			
Туре	d or Printed Name			

* * * FILING FEE: \$35.00 * * *