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(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	ə#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
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Special Instructions to	Filing Officer:		



07/29/05--01030--003 \*\*35.00



National Registered Agents, Inc. 10985 Cody Street Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

## National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

July 25, 2005

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: The Wholefood Farmacy Corporation Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned The Wholefood Farmacy Corporation enclosed herewith, in duplicate, is a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Christian Eubanks

Enclosure - Check

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

r	rovisions of sections 607.0502, 617.0502, ted for a corporation organized under the			nis statement of in order
to change its regi	istered office or registered agent, or both,	in the State of Florida.		
1. The name of th	ne corporation: THE WHOLEFOOD FA	RMACY CORP.		
2. The principal of	office address: 117 EAST MAIN ST.			
ROGERSVII	LE TN 37857		_ <del></del>	
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 12/10/2001	Document number: _PO	01000117450	
5. The name and Florida Depart	street address of the current registered age ment of State:	nt and registered office on	file with the	
	JOSEPH CAMILLO			
	11800 28TH ST N ST.			
	ST. PETERSBURG FL 33716			OS J
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or register	red office	FILED JUL 29 AM LAHASSEE,
	NRAI Services, Inc.		×* 3	
	2731 Executive Park Drive, Suite 4			FLOR 51
	(P.O. Box or personal ma	ilbox NOT acceptable)		哲芸の
	Weston, FL 33331			
The street addre	ss of its registered office and the street ac identical.	ddress of the business offic	ce of its register	red agent, as
Such change wa	s authorized by resolution duly adopted is corporation bus been notified in writing	by its board of directors or of the change.	by an officer s	o authorized by
Plan	ignature of an officer or director)	Steven	or typed name and the	on-President/
I hereby accept I further agree t duties, and I am being filed mere been notified in NRAI Services.	the appointment as registered agent and comply with the provisions of all statut familiar with and accept the obligation ly to reflect a change in the registered of the provision of this change.	agree to act in this capact tes relative to the proper a of my position as registere fice address, I hereby con	ity. nd complete pe d agent. Or, if firm that the co	rformance of my this document is rporation has
by: Chris	(Signature of Registered Agent)	July	75, 2005 (Date)	<u> </u>
If signing on be	half of an entity:			
Christ	(Typed or Printed Name)	Assistant	Secretary (Capacity)	<u> </u>

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