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(Typed or Printed Name)

Secretary of State

(Capacity)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Honda Statutes, the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: NATURAL CURE RESERROH, INC.
1 LP: 5624 NW 87 WAY
1b. The mailing address of the corporation is: CORAL SPRINGS, FL 33067
NEW: 208 ALERANDRA WOODS DR. PEBARY, FL. 32713
1c. Date of incorporation: 4/29/02 Document number: P0200048923
2. The name and address of the current registered agent and office:
Robert 16 Couten
Shay NW ST WAY
CORAL SARINGS, FL 33067
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable).
IRA HELMAND BA
208 ALEXANDRA WOODS DR.
DEBARY, FLORIDA 32713
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Ruel. C. 29-02
(Signature of an officer, chairman or vice chairman of the board) (Date)
Robertit. Corten
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
(0.30.02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
IRA HELMAN PRESIDENT

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