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(City/State/Zip/Phone #)				
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ACCOUNT NO. : 072100000032

REFERENCE

215804

7306731

AUTHORIZATION

COST LIMIT

: \$35.00

ORDER DATE: September 9, 2003

ORDER TIME : 10:39 AM

ORDER NO. : 215804-090

CUSTOMER NO: 7306731

CUSTOMER: Ms. Pat Johnson

Nbty Inc.

90 Orville Drive

Bohemia, NY 11716-2510

CHANGE OF AGENT

NAME: SUNDOWN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER:

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

	the provisions of sections 607.0502,		•
this statement	t of change is submitted for a corport in order to change its region	ation organized under the laws stered office or registered agen	*
of Florida.	of the corporation: SUNDOWN, INC.		to the second of the second
	oal office address: 6111 Broken Sound	-	
•			
3. The mailing	g address (if different):		
·			<u> </u>
4. Date of inc	orporation/qualification: 01/13/2003	Document number	P03000006190
	and street address of the current regist partment of State:	tered agent and registered office	on file with the
	Richard Werber		
	6111 Broken Sound Pkwy. N.W.		
	Boca Raton, FL 33487		ECRR
6. The name changed):	and street address of the new regis	tered agent (if changed) and /o	~~~
	Corporation Service Company	· ···	PH 3: OF ST E. FLC
	1201 Hays Street (P.O. Box or personal s	mailbox NOT acceptable)	ORIDA ORIDA
	Tallahassee, FL 32301		
The street add agent, as char	dress of its registered office and the anged will be identical.	street address of the business o	ffice of its registered
Such change authorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors cen notified in writing of the ch	or by an officer so ange.
Signature of in office	cer, chainfan or vice chairman of the board)	Maureen Cullen, Attorney (Frinted or typed name and	in Fact
l further agre performance c registered age	pt the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with ent. Or, if this document is being fil s, I hereby confirm that the corporat	ll statutes relative to the proper and accept the obligation of m ed merely to reflect a change i	r and complete ly position as n the registered
Docqu	(Signature of Registered Agent)	August 5, 2003 (Date)	
if signing on beh	-	Anna Marian Anna Anna	
Jacqueline M	(Typed or Printed Name)	Asst. Vice President (Capacity)	- x

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