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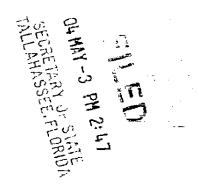
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VITALITY THERAPPUTIC MASSAGE, Inc.
DOCUMENT NUMBER: YU 3UU UU QUAU
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:
Jerry Schnitzer
GSS Advisory Services (Name of firm/company)
2455 E. Sunrisc Blvd. #502
FORT LAUSERdale, PL 33304 (City/state and zip code)
For further information concerning this matter, please call:
Elaina Jackson at (954) 134-3232 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Enclosed is a \$55.00 check made payable to the Department of

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: VITAITY THERAPEUTIC MASSAGE, INC.
2. The principal office address: 4455 E. SUNRISC. BIVA. 8146 502
3. The mailing address (if different): PO BOX (08448)
4. Date of incorporation/qualification: 4-25-03 Document number: 1034001640
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: H. Dohn Williams JR., P.A. 990 NW 5th Street Byca Ratin Pt. 33496
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CRRU SCHOOL SCROOT Changed Changed
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, or the corporation has been notified in writing of the change. The provide the change of the change of the change of the change. The provide the change of the change of the change of the change of the change.
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 duities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Registered Agent) (Date)
If signing on behalf of an entity: JERRY SCHOLLTZER (Type) or Printed Name) (Capacity)

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