P04000013342

| (Rec | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bus | siness Entity Nar | ne) |
| - (Doc | cument Number) | : |
| (55) | , | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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February 9, 2006

RETURN BALANCE INC. 2220 N. FEDERAL HWY. BOCA RATON, FL 33431

SUBJECT: RETURN BALANCE INC.

Ref. Number: P04000013342

We have received your document for RETURN BALANCE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Letter Number: 106A00009615

Susan Payne Senior Section Administrator

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

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florisa |
|---------------------------------|---|
| - | der to change its registered office or registered agent, or both, in the State of Florida. |
| | |
| I. The name of | f the corporation: (Keturn Balance, Inc. |
| 2. The princip | al office address: 2220 N. Federal Hwy. |
| | Boco Roton, FL 33431 |
| 3. The mailing | address (if different): Space |
| | |
| 4. Date of ince | proporation/qualification: 1/21/2004 Document number: PO400013342 |
| 5. The name a | nd street address of the current registered agent and registered office on file with the |
| Florida Dep | artment of State: |
| | Nanette Notestein |
| | 11110 Lake Aine Ci. |
| | |
| | Boco Roton, FL 83498 FER 3 |
| | nd street address of the new registered agent (if changed) and /or registered office |
| (if changed | |
| | NANette Notestern |
| | (P.O. Box NOT acceptable) |
| | _ _ |
| | Baca Raton, FL 33431 |
| The street add | ress of its registered office and the street address of the business office of its registered agent, ill be identical. |
| | |
| Such change authorized by | was authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change. |
| Ma | Wave the Notestein Preside (Printed or typed name and title) |
| / | , |
| I hereby acce I further agre | of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change. |
| of my duties, document is ț | ind I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the |
| corporation r | |
| - Man | to 1/06 |
| (| Signature of Registered Agent) (Date) |
| It signing on | pehalf of an entity: |
| | Title of the Deleted Moune) |
| | (Typed or Printed Name) |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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