

P04000060592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

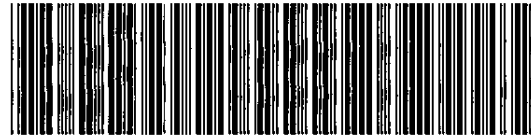
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP -2 PM 12:25

*R.A. Chase*  
COO/COLL/ETEE

SEP 03 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Vital Nutrition, Inc.  
Name of Corporation

DOCUMENT NUMBER: P04000060592

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:

Nestor RODRIGO  
Name of Contact Person

Vital Nutrition  
Firm/Company

11302 CYPRESS SHORE COURT  
Address

CLERMONT, FLORIDA 34711  
City/State and Zip Code

VitalNut@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nestor Rodrigo at 954 661-8636  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vital Nutrition, Inc.
2. The principal office address: 11302 Cypress Shore Court.  
Clermont, Florida 34711
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 10, 2006 Document number: 004000060592
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Capital Connection, Inc.  
417 E. Virginia St. Ste 1  
Tallahassee, Florida 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sivory Gmy  
579 Lakeside Circle  
Wesrod, FL 33326

P.O. Box NOT acceptable

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.

[Signature]  
Signature of an officer or director

Nestor Rodrigo  
Printed or typed name and title

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. 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]  
Signature of Registered Agent

8/3/10  
Date

If signing on behalf of an entity:

Sivory Gmy  
Typed or Printed Name

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

-MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP -2 PM 12:26