

**P06000130077**

Florida Department of State  
Division of Corporations  
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From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

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**REGISTERED AGENT CHANGE**

**ASTHMA & ALLERGY NON-MEDICINAL SPA RELIEF, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0802, 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: ASTHMA & ALLERGY NON-MEDICINAL SPA RELIEF, INC.
2. The principal office address: 2077 FIRST STREET, SUITE 206, FORT MYERS, FL 33901
3. The mailing address (if different): 1901 GOTH PLACE E., SUITE L2306, BRADENTON, FL 34203
4. Date of incorporation/qualification: 10/12/2006 Document number: PG6000130077
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MYERS, STEPHEN M
2077 FIRST STREET SUITE 206
FORT MYERS FL 33901

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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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]
Name of registered agent

HOGYINSZKI LASZLO DIRECTOR
Name of registered agent

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.

Corporation Service Company

[Signature]
Name of Registered Agent

7/27/2009
Date

If signing on behalf of an entity:

Sue G. Knight
as its agent
Type of Printed Name

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