

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2012 APR 19 PM 2:58

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REGISTERED AGENT CHANGE
ZERO CALORIE LABS, INC.

Certificate of Status	0
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Corporate Filing Menu

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4/19/12
4/19/2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZERO CALORIE LABS, INC.
Name of Corporation

DOCUMENT NUMBER: 906000135849

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:

D. Michael Schloss
Name of Contact Person

Law Offices of D. Michael Schloss
Firm/Company

1844 N. Nob Hill Rd., #303
Address

Plantation FL 33322-6548
City/State and Zip Code

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

For further information concerning this matter, please call:

D. Michael Schloss at (754) 300-6222
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

CR2E045 (8/05)

FL006 - 07/23/2009 CT System Online

**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: ZERO CALORIE LABS, INC.
2. The principal office address: 12271 LEXINGTON PARK DR, APT 204
TAMPA FL 33626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/25/2006 Document number: P06000135849
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)

WHITING, GEORGE C DR.

12271 LEXINGTON PARK DR, APT 204

TAMPA FL 33626

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

George C. Whiting
Signature of an officer or director

PRESIDENT
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.

By: C T Corporation System
Barbara A. Burke
Signature of Registered Agent

4-19-12
Date

If signing on behalf of an entity:
Barbara A. Burke
Special Assistant Secretary
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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TALLAHASSEE, FLORIDA