

PO6000142977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

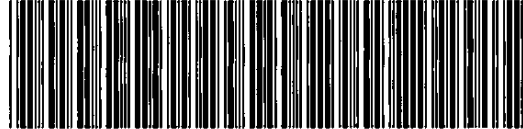
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RA  
Change

11/30/06--01008--002 \*\*\$5.00

FILED  
2006 NOV 30 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 NOV 30 AM 10:19  
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SUFFICIENCY OF FILING

AKR  
11/30/06

Sunstate Research  
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Health Concepts International  
(Corporation Name) (Document #)

2. Corp  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



☐ Pick up time  
☐ Will wait

☒ Photocopy

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**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: HEALTH CONCEPTS INTERNATIONAL CORP
2. The principal office address: 3564 Avalon Park Blvd. East; Suite, Orlando, FL 32828
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 7, 2006 Document number: P06000142977
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert L. Harding

20 North Eola Drive

Orlando, FL 32801

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

Shawn M. Seipler

3564 Avalon Park Blvd. East; Suite 1

(P.O. Box NOT acceptable)

Orlando, FL 32828

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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.

Shawn Seipler  
(Signature of an officer or director)

SHAWN SEIPLER, CEO  
(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.

Shawn Seipler  
(Signature of Registered Agent)

11/16/06  
(Date)

If signing on behalf of an entity:

Shawn Seipler  
(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)