P07000039845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Roberts JUL -9 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2007

ELEANOR KAUPP
ALL NATURAL CANDLE BIZ, INC.
7880 WEST OAKLAND PARK BLVD
SUNRISE, FL 33351

SUBJECT: ALL NATURAL CANDLE BIZ, INC.
Ref. Number: P07000039845

We have received your document for ALL NATURAL CANDLE BIZ, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 907A00031754

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Natural Candle Biz, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000039845

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:

Eleanor Kaupp
(Name of Contact Person)

All Natural Candle Biz, Inc
(Firm/Company)

7880 West Oakland Park Blvd
(Address)

Sunrise, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Eleanor Kaupp at (954) 243-4053
(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: All Natural Candle Biz, INC.
2. The principal office address: 7880 West Oakland Park Blvd Sunrise, Florida 33351
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/29/2007 Document number: P07000039845
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel & Utrera, PA
1840 SW. 22nd Street 4th Floor
Miami, Florida, 33145

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

Eleanor Kaupp
7880 West Oakland Park Blvd Suite #303
(P.O. Box NOT acceptable)
Sunrise, Florida 33351

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.

Eleanor Kaupp Pres — Eleanor Kaupp, Pres
(Signature of an officer or director) — (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.

Eleanor Kaupp — 7/1/07
(Signature of a Registered Agent) — (Date)

If signing on behalf of an entity.

Eleanor Kaupp
(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)