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REGISTERED AGENT CHANGE**TRANSFORMATION HEALTH NUTRITION NATURALS, INC.**

Certificate of Status	0
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P.2/2

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**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: TRANSFORMATION HEALTH NUTRITION NATURALS, INC.
2. The principal office address: 8875 HIDDEN RIVER PARKWAY SUITE 300
Tampa, FL 33637
3. The mailing address (if different):
PO BOX 23402, TAMPA, Florida 33623
4. Date of incorporation/qualification: 1/6/2009 Document number: P09000001517
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

AMY L VINSON

5318 STARHILL

TAMPA FL 33624

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

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

(P.O. Box NOT acceptable)

Tallahassee, Florida 32301-2960

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 of an officer or director)

Amy Vinson, 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.


(Signature of Registered Agent)

16th day of January, 2009

(Date)

If signing on behalf of an entity:

Mark Williams A.V.P., Business Filings Incorporated

(Typed or Printed Name)

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

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