

PO9000102229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

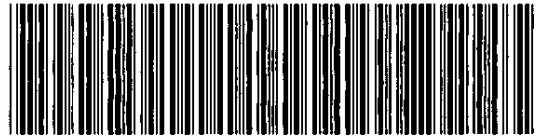
(Document Number)

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10 JAN 14 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JAN 15 2010

**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: Revitalabs, Inc.
2. The principal office address: 224 7th Street East, Tierra Verde FL 33715
3. The mailing address (if different): 302 Harbour Place Drive, #3121, Tampa FL 33602
4. Date of incorporation/qualification: 12/22/09 Document number: P09000102229
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)  
Jodi A. Swierzewski  
302 Harbour Place Drive, #3121  
Tampa, FL 33602

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

Robbins Equitas, P.A.  
2639 Dr MLK Jr Street North  
P.O. Box NOT acceptable  
St Petersburg, FL 33704

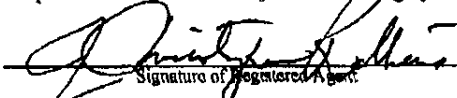
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Mark J. Swierzewski, 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

Jan 11, 2010  
Date

If signing on behalf of an entity:

J. Christopher Robbins  
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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