

P100000083571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

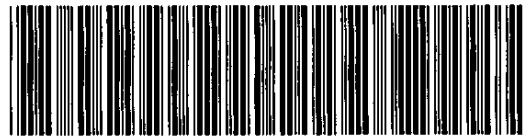
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300187150913

Mailing
Address
change
APL
11/3/10

1. The name of the corporation: NATURAL VITAMINS PRODUCTS INC.
2. The principal office address: 8325 BAY POINTE DR Apt 506 N
TAMPA FL 33615
3. The mailing address (if different): ^{new} P.O. BOX 23941
TAMPA FL 33623

X [Signature]
Signature of an officer or director

LORIANA GONZALEZ
Printed or typed name and title