

P120000002399

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VAP Management Inc.
Name of Corporation

DOCUMENT NUMBER: P12000002399

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:

VANDAN AMIN

Name of Contact Person

VAP MANAGEMENT INC.

Firm/Company

701 S. OLIVE AVE. #1217

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

VANDAN@BODYLIFEMD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANDAN AMIN

Name of Contact Person

at (601) 323-1547

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: VAP Management Inc.
2. The principal office address: 701 S Olive Ave #1617
West Palm Beach, FL 33401
3. The mailing address (if different): 701 S Olive Ave #1617
West Palm Beach, FL 33401
4. Date of incorporation/qualification: 01/09/2012 Document number: P12000002399
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)

HOODA, POONAM R

701 S Olive Ave.

West Palm Beach, FL 33401

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

InCorp Services, Inc.

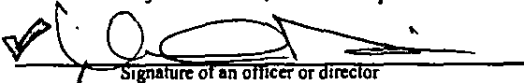
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470


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

VANDAN AMIN 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

September 26, 2012

Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of Incorp Services, Inc.

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 (03/12)

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DIVISION OF CORPORATIONS