

9930000 17762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

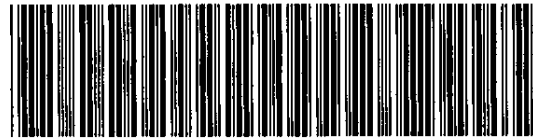
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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5-1-12



FLORIDA DEPARTMENT OF STATE  
- Division of Corporations

April 11, 2012

CARMEN BICKELL  
VITALIFE, INC., DBA TABAK'S HEALTH PROD.  
1622 DEERE AVENUE  
IRVINE, CA 92606

SUBJECT: VITALIFE INC.  
Ref. Number: P93000017762

We have received your document for VITALIFE INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6050.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 612A00011501

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12 MAY -1 PM 12:38

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Vitalife, Inc.  
Name of Corporation

DOCUMENT NUMBER: P93000017762

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:

Carman Bicke II  
Name of Contact Person  
Vitalife, Inc. DBA  
Tabak's Health Products  
Firm/Company

1622 DECKE AVE.  
Address

IRVINE, CA 92606  
City/State and Zip Code

cbicke11@tabaks.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carman Bicke II at ( 949 ) 296-0880(7234)  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vitalife, Inc.
2. The principal office address: 1622 Deere Ave. Irvine, CA 92606
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P93000017762

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)

Corporation Service Company  
1201 N. Gays St.  
Tallahassee, FL 32301

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

Clifford Grimes  
1104 N. Nova Rd  
P.O. Box NOT acceptable  
Daytona Beach, FL 32117

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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.

Lawrence Tabak  
Signature of an officer or director

Lawrence Tabak  
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.

Clifford Grimes  
Signature of Registered Agent

4/5/2012  
Date

If signing on behalf of an entity:

CLIFFORD GRIMES  
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)