Requestor's Name Address ORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time _____ Photocopy ☐ Will wait Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ 100 CM 67 QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of __Florida____, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: MELALEUCA INVESTMENTS, INC. 1a. Date of incorporation May 12, 1994 Document number P94000037199 2. The name and address of the current registered agent and office: Walter J. Remhof, 5265 Nautilus Drive, Cape Coral, FL 33904 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Heide S. Blair · 1420 SE 3rd Street, Cape Coral, FL 33990 The street address of its registered agent 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. DATE : MAY 16,1997 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED. IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE ALGOR (Registered Agent) Heide S. Blair DATE \$\(\lambda / 23/97 \)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00

HAVERFIELD, DALTON, HARRISON-& POST OFFIC RIDA 33902 FORT MYERS, FI ORIDA 33910-0088 WEST PALM BEACH, FLORID 33418 (941) 334-2195 (941) 542-3148 (56) 47-1366 FAX (94I) 332-2243 FAX (94I) 542-8953 FAX (56I) 47I-0522 MICHAEL A. GENNARU PLEASE PERMITO: (941) 542-3148 May 27, 1997 CAPE CORAL OFFICE Division of Corporations Department of State P. O. Box 6327 Tallahassee, Florida RE: Melaleuca Investments, Inc. Dear Sir/Madam: Enclosed herewith are the following documents (in duplicate), together with our check in the amount of 70.00 for your filing fee: Officer/Director Resignation Statement of Change (Registered Agent) Please stamp and return a copy of the above documents to me in the enclosed, stamped, self-addressd envelope. Thank you for your assistance in this matter. **Very truly yours**,? Michael A. Gennaro MAG/jms Encls. 500002194825---05/29/97--01070--012 ******35.00

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, WALTER J. REMHOF	, hereby resign as_	Vice Presi	dent (Title)		-
of MELALEUCA INVESTMENTS, INC. (Name of Corp.)	oration)				_
a corporation organized under the laws of the State of	f Florida			57:	- • - }∂
That the corporation has been notified in writing of the	ne resignation.		· !•	• • •	
(Signature of	resigning officer/direc			12 16/9	7

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314