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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: ANIMA WELLNESS, INC.
2. The principal office address: 1033 7 SOUTHERN BUND
ROYAL PARM BCH, FL 33411
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/29/1995 Document number: P95000051695
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WELFORD D. RANSONE, DVM
10333 SOUTHERN BLVD
Roya Pan Beach, FZ 33411
MEUFORD D. RANSONE, DVM 10333 SOUTHBRN BLVD Royan Parm Beach, FZ 334/1 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
10337 SOUTHERN BLUD (P.O. BOX NOT acceptable)
ROYN PHUN BOACH FL 33411
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.
Mil am STOVEN C. SIMMONS, PRESIANT
(Signature of an officer or director) (Printed or typed name and title) Thereby accept the appointment as registered agent and agree to act in this capacity
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.
12/28/2006
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *