

P98000007903

D.C. NATURAL HEALTH CLUB, INC
9895 SW 96th ST
MIAMI FLA 33176

City/State/Zip

Phone #

700002478817--9
-04/03/98--01113--005
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -3 PM 2:20

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

4-7-98

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, 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: D.C. NATURAL HEALTH CLUB, INC.

2. The mailing address of the corporation is: 9895 SW 96TH ST
MIAMI FLORIDA 33176

3. Date of incorporation/qualification: 1-23-98 Document number: P 98000007903

4. The name and address of the current registered agent and office:

NAT NACCARATO
10717 SW 104 ST
MIAMI FLORIDA 33176

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

ROBERT W ANDERSON
9895 SW 96TH ST
MIAMI FLORIDA 33176

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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.

Robert W Anderson

(Signature of an officer, chairman or vice chairman of the board)

2-27-98

(Date)

ROBERT W ANDERSON Sec-Treas

(Printed or typed name and title)

2-27-98

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Robert W Anderson

(Signature of Registered Agent)

3-21-98

(Date)

If signing on behalf of an entity:

ROBERT W ANDERSON

(Typed or Printed Name)

Sec-Treas

(Capacity)

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