Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : THE HOGAN LAW FIRM

Account Number : I20010000137.
Phone : (352)799-8423

Fax Number : (352)799-8423

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

## REGISTERED AGENT CHANGE

SHO ME NATURAL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## H020002296620

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: SHO ME NATURAL PRODUCTS, INC.
(Name of corporation)
DOCUMENT NUMBER: P98000084365
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:
Thomas S. Hogan, Jr.
(Name of person)
The Hogan Law Firm
(Name of firm/company)
20 South Broad Street (Address)
(
Brooksville, FL 34601
(City/state and zip code)
For further information concerning this matter, please call:
Susan McGraw at ( 352 ) 799-8423  (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

SHO ME NAT PROD

No.8177 P. 3/3 **6004** No.8083 P. 4 HO2000229662 0

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	te provisions of sections 607.050	)2, 617.0502, 607.1508, or 617.15	08, Florida Statutes,
<i>this statement</i> Florida	· -	oration organized sender the laws of	
of Florida.	In order to change its re	gistered office or registered agent,	-
1. The name of	f the corporation: SHO ME NATU	ral products, inc.	785
	al office address: 15431 Flight Pai		NO
Brooksville			2
3. The mailing	address (if different): same		
4. Date of inco	poration/qualification: 10/01/9	Document munber:	P98000084385
	artment of State:	ristered agent and registered office (	on file with the
	Thomas S. Hogan, Jr.		
	20 South Broad Street		
	Brooksville, FL 34601		
<ol><li>The name a changed):</li></ol>	and street address of the new reg Christopher Rackner	istered agent (if changed) and for	registered office (if
	15431 Flight Path Drive	•	
	(P.O. Beautr person Brooksville, FL 34604	al mailbox NOT acceptable)	<del></del>
ageor, as chang	ed will be identical.	e street address of the business off	
Such change wanthopized by t	as authorized by resolution daily he board, or the copporation has l	adopted by its board of directors of been notified in writing of the char	r by an <b>officer so</b> lge.
		Christopher Reckner, President (Pagest or typed name and the	ic)
I hereby accept I further agree performance of registered ager office address,	t the appointment as registered a to comply with the provisions of I my duties, and I am familiar wit at Or, if this document is being f I hereby confirm that the corpore	eent and agree to act in this capac all standes relative to the proper to in and accept the obligation of my iled merely to reflect a change in a ation has been notified in writing o	city, and complete position as the registered of this change.
Heart	Manus of Registral Alexan	11/24/02	
on beha	•	(manth	
	Typed or Printed Name)	(Capacity)	

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

MAKE CHECKS PATABLE TO PLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6321, TAILABASSEE, FL 32314