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From:
Account Name : THE HOGAN LAW FIRM
Account Number : I20010000137
Phone : (352)799-8423
Fax Number : (352)799-8294

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REGISTERED AGENT CHANGE

SHO-ME NUTRICEUTICALS, INC.

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

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHO-ME NUTRICEUTICALS, INC.
(Name of corporation)

DOCUMENT NUMBER: P99000045110

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)

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
409 E. Gaines Street
Tallahassee, FL 32399

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: SHO-ME NUTRICEUTICALS, INC.
2. The principal office address: 15431 Flight Path Drive
   Brooksville, FL 34604
3. The mailing address (if different): same
4. Date of incorporation/qualification: 5/18/99 Document number: P99000045110
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
   Thomas S. Hogan, Jr.
   20 South Broad Street
   Brooksville, FL 34601
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   Christopher Reckner
   15431 Flight Path Drive
   (P.O. Box or personal mailbox NOT acceptable)
   Brooksville, FL 34604

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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.

Christopher Reckner, President
(Signature of an officer, chairman or vice chairman of the board) (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.

Christopher Reckner 11/26/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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