

P9900005308C

Florida Department of State
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) 799-8294

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PKI NUTRITION, INC.

Certificate of Status	0
Certified Copy	0
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(4)

Nov. 27. 2002 9:58AM

No. 8191 P. 3

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PKI NUTRITION, INC.

(Name of corporation)

DOCUMENT NUMBER: P99000053080

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

(Name of person)

at (352) 799-8423

(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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 27, 2002

PKI NUTRITION, INC.
15431 FLIGHT PATH DRIVE
BROOKSVILLE, FL 34604

SUBJECT: PKI NUTRITION, INC.
REF: P99000053080

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE REGISTERED AGENT NOW ON FILE WITH THIS OFFICE IS The Hogan Law Firm, P.A. Please correct #5 of the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H02000229661
Letter Number: 802A00063702

Nov. 27. 2002 9:58AM
11/26/2002 17:32 FAX 3527979100
Nov. 22. 2002 9:49PM

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No. 8191 P. 4
No. 8083 P. 3

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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: PKI NUTRITION, 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: 6/11/89 Document number: P288000053080
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
The Hogan Law Firm
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

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 this change.


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

Christopher Reckner, President
(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.


(Signature of Registered Agent)

11/2/02

(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

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