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# A11000000296

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954) 923-6200  
Fax Number : (954) 923-6208

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CORPORATE@ESQUENAZI-LAW.COM

**REGISTERED AGENT CHANGE  
EH&M SERVICES OF FLORIDA, LTD.**

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

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Help

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EH&M SERVICES OF FLORIDA LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/12/2011 3. A11000000296  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC  
Name  
4651 HARRISON STREET, SUITE 355  
Address  
HOLLYWOOD, FL 33021  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC  
Name  
4651 SHERIDAN STREET, SUITE 355  
Florida street address (P.O. Box not acceptable)  
HOLLYWOOD FL 33021  
City, State and Zip

6. Such changes are effective when filed by the Florida Department of State.

Signature of General Partner

*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 obligations of my position as registered agent.*

Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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