## W10000000084

(Requestor's Name)	
(Address)	
(Address)	
	<u>-</u>
ENVIRONMENTAL MANUFACTURING SOLUTIONS	
PO Box 410196 • Melbourne, FL 32941	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
11/34 R/A Change	
LOI-484	

Office Use Only



100024754801

Mim

11/24/03--01060--006 \*\*25.00

03 NOV 24 AM 10: 42

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limite	ed liability company is:	Environmental Manufacturi	ing Solutions, L.L.C.
		mpany is : P.O. Box 410196	
Melbourne, Florida 32			
January 16, 2001		L01000000684	
3. Date of filing/registration in Florida 4. Doc. ne			ber
5. The name of the register Florida Department of	ered agent and the regace State: None	er ्र प्राप्ट ddress as shown or	n the records of the
		Name	. ± - · -
	None		
		Address	
	City,	State and Zip	
6. The name and address	of the new registered ag	gent and/or office:	<b>03</b>
	John MacDonald		E S T
	7705 Progress Circ	Name le	FILED  03 NOV 24 AM 10: 42  SECRE ASSET STATE SALLAHASSET STORID
	Florida street address	s (P.O. Box NOT acceptable)	
	Melbourne	FL 32904	1015 1015 10 <b>12</b>
	City, S	tate and Zip	Pm 10
confirmed that after the c	hange or changes are me the registered agent with reby confirmed that the deliability companyor a	under the laws of the State of Fl ade, the Florida street address of Il be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the arti- company.	of the registered office
(Signature of a member or author	tzed representative of a membe	r)	-
John MacDonald			
(Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·	•
	intment as registered as sof all statutes relative d accept the obligation this document is being to that the limited that lit	gent and agree to act in this cap to the proper and complete pe s of my position as registered a filed to merely reflect a change y company has been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**