

L020000003958

Mar 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

300005051283--6
-03/06/02--01077--009
*****25.00 *****25.00

RE: Change of address for business entity, fictitious name owner, and agent.

Dear Sir or Madam:

I recently formed a single member Professional Limited Liability Company, for which I am the agent. The name of the entity is LexMed, P.L., document number L02000003958. I also have a fictitious name ownership change pending with your office, changing the owner of the fictitious name LexMed, Registration Number G01365900181, from Keith Myers to LexMed, P.L.

The address of the entity, agent, and fictitious name owner will be the same, and will change on 23 March 2002. The new address for all three will be:

3906 NW 32nd Place
Gainesville, FL 32606

I have enclosed a check for \$25.00, and the proper form for changing the address of the agent and entity. Thank you very much for your assistance in making these changes.

Sincerely,



Keith Myers, Member
LexMed, P.L.,
Old Address: 4144 NW 34th Terrace
Gainesville, FL 32605

New Address: 3906 NW 32nd Place
Gainesville, FL 32606

Phone (unchanged): 352-374-4735
email: lexmed@gru.net
keithm@gator.net

FILED
02 MAR -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-3958



**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 limited liability company is: LexMed, P.L.
2. The mailing address of the limited liability company is: 3906 NW 32nd Place
Gainesville, FL 32606
3. Date of filing/registration in Florida Feb 19, 2002
4. Document number L02000003958

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

Keith Myers
Name
4144 NW 34th Terrace
Address
Gainesville, FL 32605
City, State and Zip

6. The name and address of the new registered agent and/or office:

Keith Myers
Name
3906 NW 32nd Place
Florida street address (P.O. Box NOT acceptable)
Gainesville, FL 32606
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Keith Myers, member
(Signature of a member or authorized representative of a member)

Keith Myers
(Printed or typed name of signer)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Keith Myers
(Signature of Registered Agent)

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