## FILED Apr 05, 2004 8:00 am Secretary of State 03-24-2004 90299 043 \*\*\*\*50.00

1.57 PRESTON AVENUE EBRING, FL 33875  SEBRING, FL 33875  SUBM, Apt. 4, etc.  Subm, Apt	1. Entity Name	MENT # L030000 Essure washing, ll			
Suite, Apt. 4, etc.  City 5 State  City 5 State  City 5 State  City 7 State  Suite, Apt. 4, etc.  Append For Mod Applead For Mod Applead  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Append For Mod Applead  Suite, Apt. 4, etc.  Suite, Apt. 4,	Principal Place of Business 2157 PRESTON AVENUE SEBRING, FL 33875		2157 PRESTON AVEN	ÙE	34002683
City & State  City & FL  City &	2. Principal Pl	lace of Business	3. Mailing Address		
2p Country 2p Country 5. Certificate of Stitutu Desired 5. S.5.00 Acceptable 5. S.5.00 Acceptable 6. Name and Address of Current Registered Apent 7. Name and Address of Stitutu Desired 6. Name and Address of Current Registered Apent 7. Name and Address of New Registered Apent 7. Name a	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152004 Chg-LLC CR2E083 (10/03)
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable or registered agent.  8. The above named antity submits this statement for the purpose of changing its registered Agent speaker made of the ministry of the State of Florida. I am lamiliar with, and acceptable or registered agent.  8. The above named antity submits this statement for the purpose of changing its registered Agent speaker made of the ministry of the State of Florida. I am lamiliar with, and acceptable to the obligations of registered agent.  8. The above named antity submits this statement for the purpose of changing its registered Agent speaker made of the ministry of the State of Florida. I am lamiliar with, and acceptable to the obligations of registered agent.  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable to the City of the City of the State State and the ministry of the State State and the State and the State Agent State and the St	City & State		City & State		4. FEI Number   Applied For   20-0381745   Not Applicable
ANATOR Street Address (P.O. Box Number is Not Acceptable)  SERRING, FL 33875  City FL Zip Code  In the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent.  SERVITURE  SEQUENTIAL STREET ADDRESS IN ANAGERS IN THE STREET ADDRESS IN THE STREET ADDRE	Zip	Country	-Zip —	Country	5 Cardificate of Status Desired 55.00 Additional
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New Registered Agent
In the above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellate the obligations of registered agent.    The purpose of registered agent of registered agent and the registered agent and registered agent.   The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellate the obligations of registered agent.   The State of Florida and accellate the purpose of registered agent.   The State of Florida and accellate the purpose of registered agent.   The State of Florida and accellate the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellate the theory of Florida and accellate the purpose of registered agent.   The State of Florida and accellate the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accellate the purpose of registered agent.   The State of Florida and accellate the purpose of registered agent.   The State of Florida and accellate the purpose of Florida accellate the purpose of Florida and accellate the purpose of Florida accellate the purpose of Flor	2157 PRES	STON AVENUE			ess (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accell the obligations of registered agent.  SIGNATURE  Signature Signature of registered agent.  SIGNATURE  Signature Signature of registered agent.  Make check payable to Florida Department of State  FILINg Fee is \$50.00  Due by May 1, 2004  FILING Fee is \$50.00  Due by May 1, 2004  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  INE.  MANAGING MEMBERS/MANAGERS  INT. ST. 20  Delete  INT.  STREET ADDRESS  CITY-ST- 20  INT. ST. 20				City	FL Zip Code
MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	Fil.	ling fee is \$50.00 ue by May 1, 2004			Make check payable to Florida Department of State
BOGARDUS, FRANKLIN  INTEL ADDRESS  INT. ST- 2P  INTEL  MAKE  INT. ST- 2P  INT. ST-	9	MANAGING ME	MBERS/MANAGERS	10.	
TREET ADDRESS TR	NAME STREET ADDRESS CITY-ST-DP	BOGARDUS, FRANKLIN 2157 PRESTON AVENUE	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
THE CHANGE  LAME  LAME  LAME  LAME  LITTLE TOP  LITTLE  LAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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NAME ITEET ADDRESS ITY-ST-ZIP  IT. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addilio
CITY-ST-ZIP  CITY-	TITLE NAME STREET ADDRESS		☐ Deleta	NAME	☐ Charige ☐ Additio
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oam; that I am a managing member or manager or the limited liability company or the regalver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	CITY-ST-ZIP			CITY-ST-Z:P	- · · · · · · · · · · · · · · · · · · ·
	indicated limited lia	on this report is true and accurate bility company or the receiver or t	e and that my signature shall have nustee empowered to execute this }	e the same legal effect as s report as required by C	s it made under cam; that I am a managing member of manager of the chapter 608, Florida Statutes.