104000073842

UNIVERSITY OF MIAMI Rosenstiel School of Marine & Atmospheric Science 4600 Rickenbacker Causeway Miami, FL 33149	
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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.

	- 10 - 1-11	.		1		
1. The name of the limite	d liability compar	ny is: Enviroted	ch Coastal Consultin	g, LLC		
2. The mailing address of	f the limited liabil	lity company is: _				
826 Pizarro Street, Co	ral Gables, FL 3	33134				
October 11, 2004			L04000073842			
3. Date of filing/registrat	ion in Florida	S Said	4. Document number	r		
5. The name of the register Florida Department of		registered office	address as shown on tl	he records	of th	.e
		Name	 .	=1.	0	
	826 Pizarro St				()	
	Coral Gables,	Address Fl. 33134			03	11
		City, State and Zi	ip	******	သ	E .
6. The name and address	of the new register	ered agent and/or o	office:	<u>ivi.</u>	PH 4:	
	Amit L. Hazra			LOW L	ų: 5 9	
	1135 NE 133rd	Name d Street		500	9	
•	Florida street ac	ddress (P.O. Box	NOT acceptable)	4		
	North Miami,	FL 3316	1			
	C	City, State and Zip	** *** *** *** *** *** *** *** *** ***	14		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes a	are made, the Flor	rida street address of the	he register Florida li	ed of	fice
(Signature of a plopped or authori	zed representative of a	member)				
Amit L. Hazra	•					
(Printed or typed name of signee)	###= : v	<u> </u>	A Company of the second			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. for, if the address, I hereby confirm (Signature of Keylstand Agent)	AL	red agent and agr elative to the prop ations of my posit eing filed to mere ability company h		ity. I furth rmance of it as provi the registe iting of th	ier ag my d ded fi red o is chi	ree to luties, or in ffice inge.
		ıs, P.O. Box 6327	, Tallahassee, FL 32	314		

FILING FEE: \$25.00