## L04000077035

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SECRETARY OF STATE
AFF AHASSEE FLORIDA

2/1

## 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.

C

1. The name of the limited liability company is: Americal Process of the limited liability company is:  Cape Coral Florida 33904  October 25 2004  3. Date of filing/registration in Florida  5. The name of the registered agent and the registered office Florida Department of State:	204 SE 27*  L040007*  4. Document numb	torrace.
October 25, 2004  3. Date of filing/registration in Florida  5. The name of the registered agent and the registered office	4. Document numb	 7 <u>0</u> 35
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5. The name of the registered agent and the registered office		
5. The name of the registered agent and the registered office Florida Department of State:		er
	e address as snown on	the records of the
John W. Daw Name	1200	
	Stret	
Cape Coral FL City, State and Z	33904 Zip	05 SE TAL
6. The name and address of the new registered agent and/or	office:	ECR FCR
Todd M. Brown Name 3440 Gulf Brc<2c Florida street address (P.O. Box Punta Gorda FL	Lanc NOT acceptable)	FILED PR 11 PN 2: 19 ETARY OF STATE HASSEE FLORIDA
City, State and Zip	p	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	aws of the State of Flo orida street address of cal. Or, in the case of was/were authorized be e provided in the artic	rida, it is hereby the registered office a Florida limited y an affirmative vote of les of organization or
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I <del>hereby confirm</del> that the limited liability company	ree to act in this capa per and complete perf ition as registered age ely reflect a change in has been notified in w	city. I further agree to ormance of my duties, mt as provided for in the registered office oriting of this change.
(Signature of Registered Agent)	. •	

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

**FILING FEE: \$25.00**