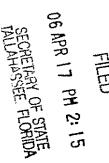
## 1050000 42517

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status,
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Orthobird Products,LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	SEC AN	<u>.</u>
Robert L. Wilder		二晋
(Name of Person)	—————————————————————————————————————	3
Orthobird Products, LLC (Firm/Company)	this matter to the following:	2: 15
4711 Australian Ave. Suite #12		
(Address)	-	
West Palm Beach, Florida 33407		
(City/State and Zip Code)	·	
For further information concerning this matte	er, please call:	
Robert Wilder	at (561) 863-0451	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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 co	ompany is: Orthobird Products, LLC		
2. The mailing address of the limited	liability company is : 4711 Australian A	ve. Suite# 12	
West Palm Beach, Florida 33407			
4-29-05	L05000042517		
3. Date of filing/registration in Florida	a 4. Document num	4. Document number	
5. The name of the registered agent an Florida Department of State:	nd the registered office address as shown of	on the records of the	
Corporat	tion Service Company		
	Name	•	
1201 Hay	s Street		
	Address	. •-	
Tallahass	ee, Fl. 32303	9	
	City, State and Zip	ESE E	
6. The name and address of the new re	gistered agent and/or office:	06 APR 17 1 SECRETARY	
Robert L.	Wilder	PH 2:15	
	Name		
<u>4711 Aust</u>	tralian Ave. Suite# 12	10 St 5:	
Florida stre	eet address (P.O. Box NOT acceptable)	젊 5	
West Palm	Beach, FL 33407		
<del></del>	City, State and Zip		
If the limited liability company is not confirmed that after the change or chan	organized under the laws of the State of F	lorida, it is hereby of the registered office	

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.

(Signature of a member or authorized representative of a member)

## Robert L. Wilder

(Printed or typed name of signee)

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)