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COVER LETTER

	egistration Section vivision of Corporations				
SUBJEC		anagement Services, LLC ed Liability Company)			
	Ç	,,			
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please re	turn all correspondence concerning this	matter to the following:			
	MARA J. JOCKERS, ESQ.				
	(Name of Person)	P(n)	200		
	Blaxberg, Grayson & Kukoff, P./	<u>. </u>	007FEB 4 AM 1: 02		
	(Firm/Company)	SER Market	₽-		
	25 S.E. 2nd Avenue, Suite 730	 			
	(Address)	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	: 02		
	Miami, Florida 33131				
	(City/State and Zip Code)				
For furth	er information concerning this matter, p	lease call:			
V	MARA J. JOCKERS, ESQ. at	(305) 381-7979			
	(Name of Person)	(Area Code & Daytime Telephone N	lumber)		
R D C	TREET/COURIER ADDRESS: degistration Section division of Corporations diffion Building field Executive Center Circle dallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Inclosed is a check for the following a	mount:			
G	3\$25 Filing Fee	g Fee S55 Filing Fee & Certified Copy			

INHS18 (8/05)

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 limite	d liability company	is: Environn	nental Management Services, L	LC	
2. The mailing address of	f the limited liability	company is	s : 18 1/2 Hill Avenue		
Orlando, Florida 32801					
May 13, 2005	-		L05000048001		
3. Date of filing/registration in Florida 4. Document					
5. The name of the register Florida Department of	ered agent and the reg	gistered off	ice address as shown on th	ne records of the	
		ry Blaxbe	rg, Esq.		
		Name		1. 2	
	25 S.E. 2	nd Avenue Address	, Suite 730	2007 TALL	
	学 田				
Miami, Florida 33131 City, State and Zip					
		• -	-	42 F	
6. The name and address	of the new registered	l agent and	or office:		
	Cha	aries Meye	er -	TEB 14 AM 11: 02	
Name RED 02					
	18 1/:	2 Hill Aven	ue .		
	Florida street addr	ess (P.O. B	ox NOT acceptable)		
	Orlande	o, <u>FL</u> 3	2801		
	City	, State and	Zip	•	
confirmed that after the c and the business office of liability company it is he	hange or changes are the registered agent reby confirmed that nited liability compa	e made, the will be ide the change ny or as oth	e laws of the State of Flori Florida street address of the florida. Or, in the case of a (s) was/were authorized by herwise provided in the art ay.	ne registered office Florida limited an affirmative vote	
(Signature of a member or author	rized representative of a me	mber)	 , , , , , , , , , , , , , , , , , ,	-	
Charles Ti (Printed or typed name of signee	Meyer		 . <u>-</u>		
		d agent and tive to the p ions of my p ig filed to h ulity compa	agree to act in this capac proper and complete perfo position as registered agen nerely reflect a change in i my has been notified in wr		
(Signature of Registered Agent)			•-		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00