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J. BRYMAN DEC 1 2 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: River Geosciences, LL (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Russell V. Richmond (Name of Person)	2035 DI
River Geosciences, LLC	2005 DEC -5 PM 3: 31 ALLAHASSEE, FLORIDA
10919 Hoof Print Drive	3: 31 FLORIDA
Jacksonville, FL 32257 (City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Russell V. Richmond	at (850) 712-6858
(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 follow	ing 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 limit	ed liability company is:	River Geos	ciences, LLC_		
2. The mailing address of	of the limited liability co	mpany is : <u>1</u>	0919 Hoof Print D)rive	
Jacksonville, FL 32257					
July 27, 2005			L05000073944		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regis Florida Department of		tered office a	address as shown or	n the records of the	
	Russell V Richmo				
	E494 Evenenan D	Name		20:	
5481 Evergreen Road Address					
Pensacola, FL 32503				E E E	
		State and Zi	p	50 July 1	
6. The name and address	s of the new registered ag	gent and/or o	ffice:	2005 DEC - 5 PM 3: 31 ZHALLAHASSEE, FLORIDA	
	Russell V Richmo	nd			
		Vame		86.	
	10919 Hoof Print D				
	Florida street address	s (P.O. Box I	NOT acceptable)		
	Jacksonville	FL 3225	57		
	City, S	tate and Zip			
If the limited liability co- confirmed that after the and the business office of liability company, it is of the members of the li- or the operating agreement	change or changes are m of the registered agent wi ereby confirmed that the	ade, the Flor ill be identica change(s) w	rida street address o al. Or, in the case o vas/were authorized	of the registered office of a Florida limited I by an affirmative vote	
(Signature of a member or author	CC MGR orized representative of a member				
Russell Van Ri	ichmond				
(Printed or typed name of signe	,				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir.	1 Rue	gent and agree to the propers of my positified to merety company l	ree to act in this cap er and complete per tion as registered as ly reflect a change i as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
	•				

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