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(Re	equestor's Name)	
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DIVISION OF CORPORATION

T. HAMPTON

MAY 1 8 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	DGE REFERRAL SYSYTEM, LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence c	oncerning this matter to the following:		
DAVID A DET	ΓΜΔΝΝ		
DAVID A. DETTMANN  Name of Person			
EDGE REFERRAL S	YSTEM LLC		
Firm/Company	10 1 LW, 220		
10/01 SIX MILE CVPRESS P	ARKWAY SHITE 200		
10491 SIX MILE CYPRESS PARKWAY SUITE 200 Address			
FORT MYERS, F	-1 33966		
City/State and Zip C			
DRTIME@EMBARG	QMAIL.COM		
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matter, please call:			
Tot further information concerning	5 tills matter, prouse out.		
DAY (6 A DETENANT	400,0000		
DAVIDA. DETTMANN	at ( 239 ) 489-2900  Area Code & Daytime Telephone Number		
Name of Ferson	Area code & Daytime Telephone (Valinte)		
STREET/COURIER ADDI			
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle			
Tallahassee, Florida 32301	, and an about the control of the co		
<b>.</b>	. C. Namin - and annua		
Enclosed is a check for the	e tonowing amount:		
<b>✓</b> \$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.

Name of the limited liability company:	EDGE REFERRAL SYSTEM, LLC
2. (a) Principal office address of limited liability co	mpany: 10491 SIX MILE CYPRESS
(Note: MUST BE STREET_ADDRESS) PARKWAY SUITE 200	
	FORT MYERS, FL 33966
(b) Mailing address of limited liability company:	10491 SIX MILE CYPRESS
(Note: MAY BE POST OFFICE BOX)	PARKWAY SUITE 200
(Hote. MIT BE FOST OF FICE BOT)	FORT MYERS, FL 33966
09/13/2006	L0600090284
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	MICHAEL F. BUKOWSKI
Registered Office Address:	5598 8TH ST WEST
Registered Office Address.	LEHIGH ACRES, FL
	33971
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	or NEW Registered Office address:  DAVID A. DETTMAN
	40404 CIV MILE CVDDECC DIVINV
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	10491 SIX MILE CYPRESS PKWY SUITE 200
MUST BE I DONIDA STREET ADDRESS	FORT MYERS ,FL33966
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member   JULIANA DACOSTA  Printed or typed name of signee  I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to	t and agree to act in this canacity. I further agree to
charley with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I have by confirm that the limited liability co	my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.
Signature of Registered Agent	