

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE FLORIC

COVER LETTER

TO: Registration Division of O						•	
;							
SUBJECT: USVI PHARMACEUTICALS, LLC						<u> </u>	
	Name of	f Limite	d Liabi	lity Co	mpany		
Dear Sir or Madam:							
The enclosed Regist	ered Agent/Registered	Office	Change	and fe	ee(s) are sub	mitted for filing.	
Please return all cor	respondence concernin	ig this m	atter to	the fo	llowing:		
	DIOW NUCLOCAL						
	RICK NIELSEN Name of Person						
USVI PH	HARMACEUTICALS,	. LLC					
	Firm/Company						
1301 NV	/ 84TH AVE, SUITE	#101		_			
	Address						
	MIAMI, FL 33126 ity/State and Zip Code			_			
· ·	ny/builo una 25p coao						
RICK@	LIFELINEPHARM.Ne used for future annual report	1ET					
E-mail address: (to b	e used for future annual report	notification	on)				
For further informati	on concerning this ma	tter, plea	ase call	:			
	NIELSEN	at (_	305	_)		3-8841	_
Name o	f Person			Area Co	de & Daytime Te	elephone Number	
STREET/CO	URIER ADDRESS:				ADDRESS:	:	
	Registration Section Registration Section						
Division of Co							
Clifton Buildin		P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
rananassee, r	10f1da 52501						
Enclosed is a	check for the followi	ing amo	unt:				
\$25 Filing	Fee		S 5	5 Filin	g Fee & Cer	tified 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. Name of the limited liability company:US	SVI PHARMACEUTICALS, LLC				
2. (a) Principal office address of limited liability compa	any: 1301 NW 84TH AVE, SUITE #101				
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33126				
(b) Mailing address of limited liability company:	1301 NW 84TH AVE, SUITE #101				
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33126				
10/18/2006	L06000101511				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:				
Registered Agent:	RICK NIELSEN				
Registered Office Address:	4150 NW 7TH STREET, SUITE # 100A MIAMI, FL 33126				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	RICK NIELSEN 1301 NW 84TH AVE, SUITE #101 MIAMI				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a mamber or authorized representative of a member	ne laws of the State of Florida, it is hereby				
RICK NIELSEN CEO / PRESIDENT Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the 1 and I am familiar with and accept the obligations of my 1 Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.				
Signature of Registered Agent					

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