LO60011151

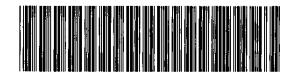
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

G. MCLEOD

JAN 24 2012

EXAMINER



000219085870

01/23/12--01015--001 **25.00

12 JAN 23 PH 2: 30

COVER LETTER

TO:	Registration Section Division of Corporati	ons					
SUBJ	UBJECT: Environmental Traiing & Auditing, LLC						
		Name of L	imite	d Liabi	lity Con	npany	
Dear S	Sir or Madam:						
The en	nclosed Registered Age	nt/Registered O	ffice (Change	and fee	e(s) are submitted for fili	ng.
Please	return all corresponde	nce concerning	this m	atter to	the foll	lowing:	
			•				
	Virgil D. Bishop						
	Name of	Person					
Environmental Training & Auditing, LLC							
	Firm/Co	npany					
	P.O. Box 110						
	Addre				_		
	Arcadia, FL 34265						
	City/State an	d Zip Code					
	dbishopeta@e	mbargmail.com	m				
E-	dbishopeta@e	iture annual report no	otificatio	on)			
For fu	rther information conce	erning this matte	er, plea	ase call	l:		٠
	David Bishor)	_ at (863)	444-0586	
	Name of Person				Area Cod	e & Daytime Telephone Number	
	STREET/COURIER A	ADDRESS:		MA	AILING	ADDRESS:	
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building			P.O. Box 6327				
	2661 Executive Center Tallahassee, Florida 323			Tal	lahassee.	, Florida 32314	
	Enclosed is a check f	or the followin	g amo	unt:			
	\$25 Filing Fee			□ \$5	55 Filing	Fee & Certified Conv	

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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:Environment	onmetal Training & Auditing, LLC			
2. (a) Principal office address of limited liability compar	: 3278 NE Hwy 17			
(Note: MUST BE STREET ADDRESS)	Arcadia, FL 34266			
(b) Mailing address of limited liability company:	P.O. Box 110			
(Note: MAY BE POST OFFICE BOX)	Arcadia, FL 34265			
11/16/2009	L06000111151			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:			
Registered Agent:	Virgil David Bishop			
Registered Office Address:	3278 NE Hwy 17 Arcadia, FL 34266			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Same - Virgil D. Bishop			
NEW Registered Agent.	Carrie Vilgir D. Diolop 3 4 5			
NEW Registered Office Address:	4810 SW Hwy 72 ->			
(MŪST BE FLORIDA STREET ADDRESS)	Arcadia ,FL34266			
	,i L <u>34250</u>			
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 ider liability 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 member or attriorized representative of a member	Florida street address of the registered office			
Virgil D. Bishop Printed or typed name of signee	<u> </u>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my photography of the company of	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			

Signature of Registered Agent