

LO7000011530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

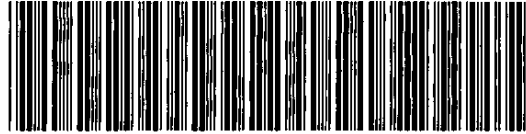
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orchidem Therapy, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonja Burkard
(Name of Person)

Burkard Law Firm P.A.
(Firm/Company)

12535 New Brittany Blvd, Bldg 28
(Address)

Fort Myers, FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Faden at (239) 791 - 4400
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT
FOR LIMITED LIABILITY COMPANY**

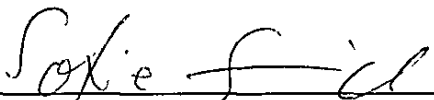
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement to change its business address, registered office and registered agent in the State of Florida.

1. The name of the limited liability company is: Orchidem Therapy, LLC
2. The mailing address of the limited liability company is:
24885 Segovia Court
Bonita Springs, FL 34143.
3. The date of filing/registration in Florida is: January 31, 2007.
4. Document number: L07000011530
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Schenk & Associates, PLC
995 N. Collier BLVD
Marco Island, FL 34145
6. The name and address of the new registered agent and office:
Allure Accounting, LLC
c/o Marena Loeffler
3665 Bonita Beach Road, Suite 3
Bonita Springs, FL 34143

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If the limited liability company is not organized under the laws of Florida, it is hereby confirmed that

after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Alternatively, in the case of a Florida limited liability company, it is hereby confirmed that the changes were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Sofie Schmid

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes concerning the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in F.S. Chapter 608.



Allure Accounting
By: Marena Loeffler

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