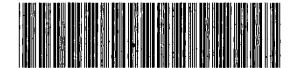
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(Re	equestor's Name)		
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2008 JUN 16 PM 1: 09
SECRETARY OF STATE
ANALYSIE FLORIDA

JUN 1 7 2008

T. CLINE

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJI	ECT: TxRx, LLC	ne of Limited Liability Company)	
	(, ,	in or Eminor Electricity Company)	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerni	ing this matter to the following:	
.:			
Susan ⁻	Furcotte		
	(Name of Person)	,	
TxRx, L			
	(Firm/Company)	A CO	796
			الله الله
12221	Towne Lake Drive, Suite A		JUN 16
	(Address)	SSE	7 1
	5 1, 00040	mo m	PH 1: 09
Fort My	/ers, FL 33913 (City/State and Zip Code)		
		তিন	i
For fur	ther information concerning this ma	natter, please call:	
Susan `	Turcotte	at (401) 323-0755	•
***************************************	(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	wing amount:	
	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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: TxRx, LLC			
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 12221 Towne Lake Drive, Suite A Fort Myers FL 33913		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12221 Towne Lake Drive, Suite A Fort Myers FL 33913		
04/16/07 3. Date of filing/registration in Florida	<u>L07000040760</u> 4. Document number		
5. (a) Registered Agent and Registered Office shown or			
Registered Agent:	Susan Turcotte		
Registered Office Address:	11920 Fairway Lakes Dr., #2 Fort Myers, FL 33913		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Susan Turcotte		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12221 Towne Lake Drive, Suite Amo p Fort Myers p.,Fl-333913-		
If the limited liability company is not organized under the laws of the State 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. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/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. (Signature of a member or authorized representative of a member)			
Susan Turcotte (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 plant familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby at in writing of this change.		
Susan Vietcolle			

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

(Signature of Registered Agent)