

LOS 000039868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

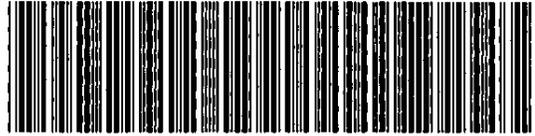
(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2010

TICARDO MCQUEEN  
140 N ORLANDO AVE 150 SUITE 14  
WINTER PARK, FL 32789

SUBJECT: FOOD, HEALTH & ENVIRONMENTAL SAFETY, L.L.C.  
Ref. Number: L08000039868

We have received your document for FOOD, HEALTH & ENVIRONMENTAL SAFETY, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$55.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 310A00003268

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Food Health & Environmental Safety  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo McQueen  
Name of Person

Food Health & Environmental Safety  
Firm/Company

140 N Orlando Ave 150 Suite 14  
Address

Winter Park FL 32789  
City/State and Zip Code

rmcqueen@foodhealthsafety.com  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph B. Ryan III at ( 305 ) 444-4949  
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA  
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RECEIVED  
02 FEB -5 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Food Health & Environmental Safety  
2. (a) Principal office address of limited liability company: 140 N Orlando Ave 150 STE 14  
 Winter Park FL 32789  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 140 N Orlando Ave 150 STE 14  
 Winter Park FL 32789  
**(Note: MAY BE POST OFFICE BOX)**

02/05/2009  
3. Date of filing/registration in Florida

L08000039868  
4. Document number

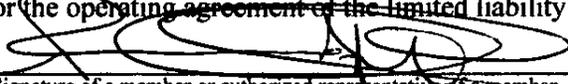
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Ryan, Joseph B III  
Registered Office Address: 2701 S. Bayshore Drive  
SUITE 402  
MIAMI FL 33133

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Same  
**NEW Registered Office Address:** 140 N Orlando Ave 150 SUITE 14  
**(MUST BE FLORIDA STREET ADDRESS)** Winter Park FL 32789

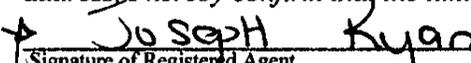
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

Ricardo McQueen  
Printed or typed name of signee

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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