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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations			
	ESOURCE PARTNERS, LLC d Liability Company		
Dear Sir or Madam:			
The analoged Decistored Acout/Decistored Office	Change and fac(s) are submitted for filing		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this n	natter to the following:		
John Parrish, Esq.			
Name of Person			
Parrish White & Lawhon, P.A.			
Firm/Company	 		
3431 Pine Ridge Road, Suite 101			
Address			
,			
Names El 04400			
Naples, FL 34109 City/State and Zip Code			
Chyrodia and 21p code			
E-mail address: (to be used for future annual report notificati	on)		
	11		
For further information concerning this matter, ple	ase call:		
John Parrish at (239) 566-2013		
Name of Person at (_	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i ananassee, i nonua 32314		
Enclosed is a check for the following amo	ount:		
<u></u>	_		
\$25 Filing Fee	\$55 Filing Fee & Certified 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: ENVIRON	MENTAL RESOURCE PARTNERS, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	3431 Pine Ridge Road, Suite 101 Naples, FL 34109
(b) Mailing address of limited liability company:	· · · · · · · · · · · · · · · · · · ·
(Note: MAY BE POST OFFICE BOX)	3431 Pine Ridge Road, Suite 101 Naples, FL 34109
04/07/2011	L11000041801
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Jeff Schoonover
Registered Office Address:	3431 Pine Ridge Road, Suite 101 Naples, FL 34109
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	The state of the s
NEW Registered Agent:	John Parrish
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3431 Pine Ridge Road, Suite 1841 Naples ,FL34109
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization y
Signature of a member of authorigod representative of a member	
Daniel J. Aronoff 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 prand I am familiar with and accept the obligations of my per Chapter 608 F.S. Or, if this document is being filed to maddress, I kereby confirm that the limited liability companies	agree to act in this capacity. I further agree to roper and complete performance of my duties, soition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Division of Corporations, P.O. Box 6	327 Tallahassoo FL 32314

FILING FEE: \$25.00