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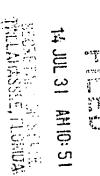
(Req	uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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AUG 1 2 2014 C. CARROTHERS



July 30, 2014

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: LFOURC, LLC - Statement of Change of Registered Agent Glacier Laboratories, LLC - Statement of Change of Registered Agent

Dear Secretary Detzner:

I enclose for filing:

- 1. a Statement of Change of Registered Agent for Glacier Laboratories, LLC together with a check in the amount of \$25.00 representing the filing fee; and
- 2. a Statement of Change of Registered Agent for LFOURC, LLC together with a check in the amount of \$25.00 representing the filing fee;

If you have any questions, please feel free to contact me.

Sincerely,

Stephen M. Carruthers

General Counsel

Enclosures (4) SMC/cw

COVER LETTER

Division of Corporations						
SUBJECT: LFOURC, LLC						
	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 m	natter to the following:					
Stephen Carruthers						
Name of Person						
Designs for Health, Inc.						
Firm/Company						
980 South Street						
Address						
Suffield, CT 06078						
City/State and Zip Code						
scarruthers@designsforhealth.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
Stephen Carruthers	860 623-6314					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following am	ount:					
☐ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	С	
2. (a)	87 Island Estates Parkway	(b)	
4. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
٠	Palm Coast, FL 32137		
	with a second se		MACA
	5/02/12	L120	000059804
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>
	1200 South Pine Island Road		
	Plantation	33324	
	, 1 1	<u> </u>	ိ မ
(b)	L. Phillie Lizotte		
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	A Company
	L. Phillip Lizotte		رن ي. 5 1
	NEW Registered Office Address:		
	12 Crandell Ct		
	Palm Coast	32137	
the ch	limited liability company is not organized under the la ange or changes are made, the Florida street address of	f the registered	d office and the business office of the registered
agent	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members	iability compar	ny, it is hereby confirmed that the change(s)
the ar	ticles of organization or the operating agreement of the	limited liabil	ity company.
•	9.1	L. Philli	p Lizotte
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes felative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, l and in writing of this change	ree to act in the e performance ed for in Chapt hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
	. , , , , , , , , , , , , , , , , , , ,		