## L9900004811

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporation	ns					
SUBJ	ECT:	Resource Name of I				rstems LLC npany	<del></del>
Dear S	Sir or Madam:						
The e	nclosed Registered Ager	nt/Registered C	office (	Change	and fee	e(s) are submitted for filing.	
Please	e return all corresponden	ce concerning	this m	atter to	the foll	lowing:	
	Diane	Murray					99007
	Name of I	Person			<b>-</b>		7
	Bonita Ba Firm/Com				<del></del>		
	9990 Coconut Address		0				
	Bonita Spring City/State and				<del></del>		
	Dianem@bonita	abaygroup.co	m offication	<u> </u>	_		
	urther information conce						
	Diane Murray		_ at (_	239	ر	390-1257	<del> </del>
	Name of Person			,	Area Cod	e & Daytime Telephone Number	
	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	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			\$5	5 Filing	g 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: R	esource Conservation Systems LLC			
2. (a) Principal office address of limited liability co	mpany: 9990 Coconut Road Ste 200			
(Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34135			
(b) Mailing address of limited liability company:	9990 Coconut Road Ste 200			
(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135			
2/25/2009	L9900004811			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:			
Registered Agent:	Scott R. Whitney			
Registered Office Address:	9990 Coconut Road Ste 200 Bonita Springs, FL 34135			
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	Gary Dumas			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	9990 Coconut Road Ste 200			
(MUSI BE FLURIDA STREET ADDRESS	Bonita Springs ,FL34135			
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				
Printed or typed name of signey				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to act in this capacity. I further agree to the proper and complete performance of my auties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.			
Streamer of Parlicianed Agent	•			

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