M01000007387

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
,		
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Consist to the Constitution of the Constitutio		
Special Instructions to Fi	lling Officer:	

Office Use Only



000162141730



THE TANKS TO SELECT TO SUCH THE PROPERTY OF SUCH THE PROPERTY OF SUCH THE PROPERTY OF THE PROP

Control of the second

T. CLINE

OCT 28 2009

EXAMINE



ORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: October 8, 2009

ORDER TIME: 4:37 PM

ORDER NO. : 149926-010

CUSTOMER NO: 7730376

CHANGE OF AGENT

NAME:

MORRISSWITZER-ENVIRONMENTS FOR

HEALTH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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:	MORRISSWIT	ZER-ENVIRONMENTS FOR HEA	ALTH, LLC
2. (a) Principal office address of limited (Note: MUST BE STREET ADL	liability company DRESS)	185 Talcott Road Williston, VT 05495	
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company:	185 Talcott Road Williston, VT 05495	
12/18/2007		M07000007387	
3. Date of filing/registration in Florida		1. Document number	₹. №
5. (a) Registered Agent and Registered (Office shown on t	he records of the Florida Dept. of St	ALECKET
Registered Agent:		C T Corporation System	<u> </u>
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered A</u>	gent and/or NEV	V Registered Office address:	5 to 15
NEW Registered Agent:		Corporation Service Company	<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET)	4DDRESS)	1201 Hays Street Tallahassee ,FL 3	2301
If the limited liability company is not orgathat after the change or changes are made, office of the registered agent will be identified by confirmed that the change(s) was/v liability company or as otherwise provided limited liability company.	the Florida street	address of the registered office and se of a Florida limited liability com-	the business
(Signature of a member or authorized representative of a	n member)		
Kaven Tore 11: (Printed or typed name of signee)			
I hereby accept the appointment as registed comply with the provisions of all statutes ram familiar with and accept the obligation F.S. Or, if this document is being filed to confirm that the limited liability company Corporation Service Company By: (Signature of Registered Agent) Sylvia Queppe		rree to act in this capacity. I further per and complete performance of m is registered agent as provided for i hange in the registered office addre in writing of this change.	agree to y duties, and I n Chapter 608, ss, I hereby

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