## M10000004330

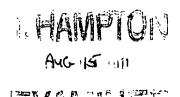
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## **COVER LETTER**

JECT: ENVIREMED, LLC
Name of Limited Liability Company
Sir or Madam:
enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
e return all correspondence concerning this matter to the following:
KENNETH W. DODGE
Name of Person
LEVALLE LONGMAN & VALLEED D.A.
LEWIS, LONGMAN & WALKER, P.A. Firm/Company
515 NORTH FLAGLER DRIVE, SUITE 1500 Address
WEST PALM BEACH, FL 33401  City/State and Zip Code
City/olate and 21p code
Kdodge@llw-law.com E-mail address: (to be used for future annual report notification)
urther information concerning this matter, please call:
article information concerning this matter, please can.
KENNETH W. DODGE at ( 561 ) 640-0820
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

## 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:	ENVIREMED, LLC
2. (a) Principal office address of limited liability company	: NUMBER ONE CAUSEWAY
(Note: MUST BE STREET ADDRESS)	OCEAN ISLE BEACH, NC 28469
(b) Mailing address of limited liability company:	NUMBER ONE CAUSEWAY
(Note: MAY BE POST OFFICE BOX)	OCEAN ISLE BEACH, NC 28469
10/1/2010	M1000004330
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	LORI M. DORMAN
Registered Office Address:	1001 THIRD AVENUE WEST
	SUITE 670 BRADENTON, FL 34205
	, ,
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent:	KENNETH W. DODGE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 NORTH FLAGLER DRIVE SUITE 1500
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the province of a member of a member of a member of the initial and agree of the obligations of my post of the province of the initial diability company.  Signature of Registered Agent	CORPORATION
Division of Cornerations, P.O. Box 632	7. Tallahassee, FL 32314

**FILING FEE: \$25.00**