

P10000054526

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aphex BioCleanse Systems, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000054526

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Weaver  
Name of Contact Person

Aphex BioCleanse Systems, Inc.  
Firm/Company

15 Fishers Rd Suite 211  
Address

Pittsford, NY 14534  
City/State and Zip Code

dweaver@aphexus.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Weaver at ( 585 ) 662-5906  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2011

DAVID J. WEAVER  
APHEX BIOCLEANSSE SYSTEMS, INC.  
15 FISHERS RD - SUITE 211  
PITTSFORD, NY 14534

SUBJECT: APHEX BIOCLEANSSE SYSTEMS, INC.  
Ref. Number: P10000054526

We have received your document for APHEX BIOCLEANSSE SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 011A00026915

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Apher Bro Cleanse Systems, Inc  
2. The principal office address: 15 Fishers Rd Suite 211  
Pittsford, NY 14534  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/30/2010 Document number: P100000 54526

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Anthony P. Sakovich  
10045 Deer Lane  
New Port Rickey, FL 34654

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott D. Buckley  
6731 Industrial Ave  
Port Rickey, FL 34668

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

David J. Weaver  
Signature of an officer or director

David J. Weaver, DPTS  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Scott D. Buckley  
Signature of Registered Agent

9 December 2011  
Date

If signing on behalf of an entity:

Scott D. Buckley  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

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