

G98566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

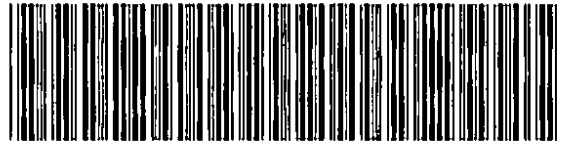
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FENSTERSHEIB LAW GROUP P.A.
Name of Corporation

DOCUMENT NUMBER: G98566

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 FENSTERSHEIB

Name of Contact Person

FENSTERSHEIB LAW GROUP P.A.

Firm/Company

520 W HALLANDALE BEACH BLVD

Address

HALLANDALE BEACH / FLORIDA / 33009

City/State and Zip Code

DAVID@FENSTERSHEIB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID FENSTERSHEIB

Name of Contact Person

at (954) 456-2488

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2020

DAVID FENSTERSHEIB
520 W. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

SUBJECT: FENSTERSHEIB LAW GROUP, P.A.
Ref. Number: G98566

We have received your document for FENSTERSHEIB LAW GROUP, P.A. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00022131

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FENSTERSHEIB LAW GROUP P.A.
2. The principal office address: 520 W HALLANDALE BEACH BLVD HALLANDALE BEACH FL 33009
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/16/1984 Document number: C98566
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)

ROBERT J. FENSTERSHEIB

520 W. HALLANDALE BEACH BLVD

HALLANDALE BEACH, FLORIDA 33009

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

DAVID FENSTERSHEIB

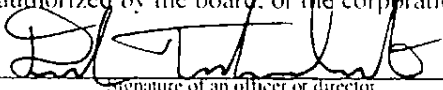
520 W. HALLANDALE BEACH BLVD

P.O. Box NOT acceptable

HALLANDALE BEACH, FLORIDA 33009

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.

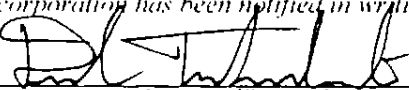


Signature of an officer or director

CEO

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.



Signature of Registered Agent

11/13/2020

Date

If signing on behalf of an entity:

DAVID FENSTERSHEIB

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)