## 103000041427

•		
(Re	equestor's Name)	
(Ad	ldress) ,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		مارارم م
		10 /2/1
		- 111/8/
	Office Use Onl	



700081053587

10/23/06--01065--023 \*\*50.00

SECRETARY OF STATE SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: Foster-Thompson, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Lance J. Wogalter, Esq.
(Name of Person)
Lance J. Wogalter, P.A.
(Firm/Company)
1499 W. Palmetto Park Road, Suite 152
(Address)
Boca Raton, Florida 33496
(City/State and Zip Code)
For further information concerning this matter, please call:
Lance J. Wogalter, Esq. at ( 954 ) 592-2184
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  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 \$\bigcup \text{\$55 Filing 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.

is: Foster-Thompson, LLC	•
company is : 1499 W. Palmetto Park Road, Suite 152	<u></u> .
• "	<u> </u>
L03000041427	
4. Document number	
egistered office address as shown on the records of the	
Name	
ue, Suite 2300	
Address	
orida 33701 변경 용	
ty, State and Zip 圣卍 7	7
d agent and/or office:	FILE
r, Esq.	<u>خ</u> د
Name 95	. <del>.</del>
Park Road, Suite 152	2
ress (P.O. Box NOT acceptable)	
FL 33486	
, State and Zip	
e made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative voiny or as otherwise provided in the articles of organization company.	te
d agent and agree to act in this capacity. I further agree tive to the proper and complete performance of my dutic ions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered offic willty company has been notified in writing of this change	e to es, n e e
	4. Document number  registered office address as shown on the records of the  Name  July State 2300  Address  Orida 33701  ty, State and Zip  d agent and/or office:  T, Esq.  Name  Park Road, Suite 152  Tess (P.O. Box NOT acceptable)