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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 OCT 23 FM 2: 1

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: The Foster Group, LLC (Name of L	imited Lial	bility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Chang	ge and fee(s) are submitted for filing	,.	
Please return all correspondence concerning	this matter	to the following:		
Lance J. Wogalter, Esq. (Name of Person)			FAI FAI	06
Lance J. Wogalter, P.A.			EOHETANY BOHETANY	06 OCT 23
(Firm/Company)			OF STATE	
1499 W. Palmetto Park Road, Suite 152 (Address)	<u> </u>			
Boca Raton, Florida 33486				
(City/State and Zip Code)		•		
For further information concerning this matter	er, please ca	all:		
Lance J. Wogalter, Esq.	at (<u>954</u>	₎ 592-2184		
(Name of Person)	_	(Area Code & Daytime Telephone	: Numbe	er)
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 followin	g amount:	:		
✓ \$25 Filing Fee	\$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.

1. The name of the limited liability comp	any is: The Foster Group, LLC	•
2. The mailing address of the limited liab	ility company is : 1499 W. Palmetto	Park Road, Suite 152
Boca Raton, Florida 33486		
06/29/2004	L04000048699	
3. Date of filing/registration in Florida 4. Document num		ıumber
5. The name of the registered agent and the Florida Department of State:	ne registered office address as show	n on the records of the
JoAnn M. Fo	ster	
	Name	
200 Central Avenue, Suite 2300		
	Address	
St. Petersburg	St. Petersburg, Florida 33701	
	City, State and Zip	06 OCT SECRE TALLAH
6. The name and address of the new regis	tered agent and/or office:	OFIGERAL PARTY
Lance J. Wog	alter, Esq.	TOP PM
-	Name	
	1499 W. Palmetto Park Road, Suite 152	
Florida street	address (P.O. Box NOT acceptable	2: STATE LORIDA
Boca Raton,	FL 33486	
	City, State and Zip	
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited (Signature of a member or authorized representative of	s are made, the Florida street addregent will be identical. Or, in the cathat the change(s) was/were author mpany or as otherwise provided in liability company.	ess of the registered office use of a Florida limited ized by an affirmative vote
(Signature of a member or authorized representative of	a member)	
Lance J. Wogalter, P.A.		
(Printed or typed name of signee) I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblic Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	ered agent and agree to act in this relative to the proper and complete igations of my position as registere being filed to merely reflect a char liability company has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office d in writing of this change.

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

(Signature of Registered Agent)