

L06000008233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

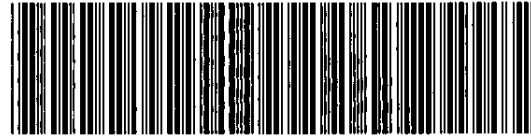
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400208618334

06/13/11--01015--029 *\$35.00

2011 JUN 22 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN 23 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2011

ALLEN FURST
1428 BRICKELL AVE, SUITE 303
MIAMI, FL 33131

SUBJECT: AGENCY 21 CONSULTING, LLC
Ref. Number: L06000008233

We have received your document for AGENCY 21 CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 611A00014479

2011 JUN 22 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agency 21 Consulting, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen S. Furst
Name of Person

Agency 21 Consulting, LLC
Firm/Company

1428 Brickell Ave., Suite 303
Address

Miami, FL 33131
City/State and Zip Code

allen @ agency 21 consulting, com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen S. Furst at (305) 794-0660
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

\$55 Filing Fee & Certified Copy

2011 JUN 22 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Agency 21 Consulting, LLC

2. (a) Principal office address of limited liability company: 1428 Brickell Ave

(Note: MUST BE STREET ADDRESS)

Suite 303
Miami, FL 33131

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1428 Brickell Ave, Ste 303
Miami, FL 33131

1/24/2006
3. Date of filing/registration in Florida

L06000008233
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Brett D. Friedman

Registered Office Address:

4019 N. Meridian Ave
Miami Beach, FL 33140

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

Allen S. Furst

NEW Registered Office Address:

3109 Grand Ave
PMB 447
Miami, FL 33133

(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Allen S. Furst
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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