

Division of Corporations

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**W6000082804**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BRIAN K. KORTE, PL  
Account Number : I20080000008  
Phone : (561) 327-7770  
Fax Number : (888) 456-2138

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 APR 23 AM 8:56

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THE BIG STRENGTH CORPORATION

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EXAMINER

H080001061303

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Brian K. Korte, PL

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** L06000082804

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

Please return all correspondence concerning this matter to:

Brian K. Korte

(Contact Person)

Brian K. Korte, PL

(Firm/Company)

2101 Vista Parkway, Suite 104

(Address)

West Palm Beach, FL 33411

(City, State and Zip Code)

For further information concerning this matter, please call:

Brian K. Korte

(Name of Contact Person)

at ( 561 ) 327-7770

(Area Code and Daytime Telephone Number)

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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Brian K. Korte, PL

Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/21/06

Date of filing/registration in Florida

3. L06000082804

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brian K. Korte

Name

1200 Corporate Center Way, Suite 200

Address

Wellington, FL 33414

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Brian K. Korte

Name

2101 Vista Parkway, Suite 104

Florida street address (P.O. Box not acceptable)

West Palm Beach FL 33411

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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