## LB1000022153

(Re	equestor's Name)			
(Ad	dress)	<u> </u>		
(Ad	dress)			
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only

G. MCLEOD

JUL 18 2011

**EXAMINER** 



400209848584

11/19

07/15/11--01033--005 \*\*25.00

TI JUL 15 PM 12: 08

## **COVER LETTER**

Division of Corporations				
SUBJECT:	STEVEN	N FELLES	R P.E., PL	
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Re	egistered Offic	e Change a	nd fee(s) are s	submitted for filing.
Please return all correspondence c	oncerning this	matter to th	ne following:	
Name of Person	1			
LAW OFFICES OF FRYE & Firm/Company		ES, PL		
20900 W. DIXIE I	HIGHWAY			
AVENTURA, FLOF				
SFELLER@FELLE E-mail address: (to be used for future a	ERPE.COM	ation)		
For further information concerning	g this matter, p	lease call:		
MINERVA V. BAILEY, E	SQ. at		/	931-3200
Name of Person  STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Area Code & Daytime Telephone Number  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 .

TO:

Registration Section

## 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.

Name of the limited liability company:	STEVEN FELLER P.E., PL			
2. (a) Principal office address of limited liability compan	y: 500 NE 3RD AVENUE			
(Note: MUST BE STREET ADDRESS)	EORT LAUDERDALE, FLORIDA 33301			
(b) Mailing address of limited liability company:	500 NE 3RD AVENUE			
(Note: MAY BE POST OFFICE BOX)	FORT LAUDERDALE, FLORIDA 33301			
09/24/1979	L09000022153			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	STEVEN FELLER			
Registered Office Address:	500 NE 3RD AVENUE FORT LAUDERDALE, FL 33301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	AUSTIN A. FRYE, ESQ 20900 W. DIXIE HIGHWAY			
If the limited liability company is not organized under the laws of the State of Florida; it is greby 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 preading agreement of the limited liability company.  Signature of a member or authorized representative of a member  Law Offices of Frye & Associates, PL for Steven Feller  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 100 F.S. Or of 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 of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00**