

L10000043196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

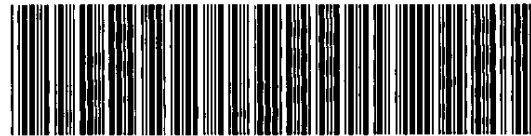
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 AUG 12 AM 11:01

T. HAMPTON  
AUG 19 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fee Recovery Specialists 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:

Arthur B. Johnson  
Name of Person

Fee Recovery Specialists  
Firm/Company

4449 Powerline Road  
Address

Fort Lauderdale, FL 33309  
City/State and Zip Code

stretcher4449@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Johnson at ( 954 ) 803-4557  
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

**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: Fee Recovery Specialists LLC

2. (a) Principal office address of limited liability company: 4449 Powerline Road

(Note: **MUST BE STREET ADDRESS**)

Fort Lauderdale  
FL 33309

(b) Mailing address of limited liability company: Fee Recovery Specialists LLC

(Note: **MAY BE POST OFFICE BOX**)

1121 South Military Trail # 262  
Deerfield Beach, FL 33442

04/20/2010

3. Date of filing/registration in Florida

L10000043196

4. Document number

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

Registered Agent: AC Double P Corporate Services Inc.

Registered Office Address: One E. Broward Blvd.  
Suite 1410  
Fort Lauderdale, FL 33309

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

**NEW Registered Agent:** Arthur B Johnson

**NEW Registered Office Address:** 4449 Powerline Road

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Lauderdale, FL 33309

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.

Arthur B Johnson  
Signature of a member or authorized representative of a member

Arthur B Johnson  
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.

Arthur B Johnson  
Signature of Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 12 AM 11:02

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