

L10000043/96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

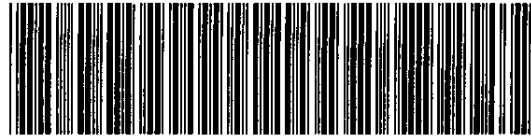
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2011 JAN - 4 PM 2:09

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE OF ADDRESS AND REGISTERED AGENT
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:

MICHAEL ETTUS
Name of Person

FEE RECOVERY SPECIALISTS LLC
Firm/Company

4861 NW DEXIE HWY SUITE # 202
Address

OAKLAND PARK, FL 33334
City/State and Zip Code

MYFEERECOVERY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ETTUS at (754) 423-4482
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

STATE OF FLORIDA
TALLAHASSEE

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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: 4861 NORTH Dixie Hwy.
SUITE 202
OAKLAND PARK, FL 33334
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1121 S. MILITARY TRAIL
262
DEERFIELD BEACH, FL 33442
(Note: MAY BE POST OFFICE BOX)
- 1-3-2011
3. Date of filing/registration in Florida
4. Document number L0000043196

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

Registered Agent:

MICHAEL ETTUS

Registered Office Address:

4449 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

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

NEW Registered Agent:

Michael Ettus

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

4861 NORTH Dixie Hwy
OAKLAND PARK, FL 33334

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

Michael Ettus
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

FILED
JAN - 4 PM 2:
TALLAHASSEE, FL
DIVISION OF CORPORATIONS