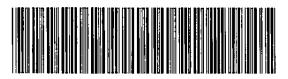
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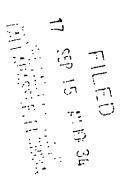
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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Office Use Only



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D. SCOTT SEP 1 8 2017



## FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 28, 2017

SCOTT M FELDER 14573 BIG BUSH LN JACKSONVILLE, FL 32258

SUBJECT: FELTECH CONSULTING LLC

Ref. Number: L13000108766

We have received your document for FELTECH 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):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00017659

2017 3EP 15 AM 11: 89



## **COVER LETTER**

<b>'</b> .							
TO: Registration Section Division of Corporations							
SUBJECT: FelTech Consulting LLC							
<b>.</b> 	ime of I	Limited I	Liabi	lity Company			
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this mat	tter to the	e foll	owing:			
Scott M. Felder							
Name of Person							
FelTech Consulting LLC							
Firm/Company							
14573 Big Brush Ln.							
Address							
Jacksonville, FL 32258							
City/State and Zip Code							
scott@feltech.com					7		
E-mail address: (to be used for future a	nnual re	port not	ificat	ion)	三年第二		
For further information concerning this matter	 r, pleas 	se call:			19 15 E		
Scott M. Felder	at	920	١	585-3107			
Name of Person		\	, A	rea Code & Daytime Telepho	وي one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301							
Enclosed is a check for the following	 ng amor 	unt:					
☐ \$25 Filing Fee		<b>0</b> 9	\$55 F	filing Fee & Certified Copy			
INHS18 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florida	s the following statement in order I	o change its regi.	stered o	ffice or reg	e undersigned limited liability company isstered agent, or both, in the State of
I. Na	me of the limited liability company:	FELTECH COI	NSULI	ING LLC	
2. (a) 14573 Big Brush Ln.		(b)	14573 Bi	g Brush Ln.	
(_,	Principal office address of limited li (Note: MUST BE STREET A		_ (*,		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32258		<del>-</del> -	Jackonvil	le, FL 32258
	08/01/2013		L	.13000108	3766
3.	Date of filing/registration in	Florida	4.	i	Document number
5. (a)	United States Corporation Age	nts, Inc.			
- (-,	Registered Agent and Registered Office sho	on the records of th	e Florida I	Dept. of State:	
	13302 Winding Oak Court, A				
	Registered Office Address (MUST BE F	LORIDA STREET AI	ODRESS)		
	Tampa	, FL 3	3612		
(b)	Scott M. Felder				
	Enter name of <u>NEW Registered Agent</u> and/	nr <u>NEW Registered C</u>	office add	ress:	- 3
	14573 Big Brush Ln.				THE THE
	NEW Registered Office Address:				10000000000000000000000000000000000000
	Jacksonville	, FL 3	2258		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
the cha agent w was/we	vill be identical. Or, in the case of a l	Street address of t florida limited liab of the members of	he regist bility cor the limi mited lis	ered office npany, it is ted liability ability comp	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
		<u>}</u>	Scot	t M. Felde	
I hereb provision the oblit to mere notified	ure of a member or authorized representative by accept the appointment as register ons of all statutes relative to the pro- jections of my position as registered ely reflect a change in the registered lin writing of this change. The of Registered Agent	  ed agent and agre	e to act i erforma for in Ci ereby coi	in this cana	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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