

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DENTONS, COHEN, GRIGSBY, P.C.  
Account Number : I20030000042  
Phone : (239)390-1912  
Fax Number : (412)209-1919

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Juan.bendeck@dentons.com

**LLC REGISTERED AGENT CHANGE**  
**FOSTER ASSOCIATES CONSULTANTS, LLC**

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Corporate Filing Menu

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**T. LEMIEUX**

**JAN 04 2024**

RECEIVED  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOSTER ASSOCIATES CONSULTANTS, 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:

JUAN D. BENDECK, ESQ.

\_\_\_\_\_  
Name of Person

DENTONS COHEN & GRIGSBY P.C.

\_\_\_\_\_  
Firm/Company

9110 STRADA PLACE - SUITE 6200

\_\_\_\_\_  
Address

NAPLES, FL 34108

\_\_\_\_\_  
City/State and Zip Code

JUAN.BENDECK@DENTONS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN D. BENDECK, ESQ.

\_\_\_\_\_  
Name of Person

at ( 239 )

390-1900

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 605.0114 or 605.0116, 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: FOSTER ASSOCIATES CONSULTANTS, LLC

2. (a) 17595 SOUTH TAMiami TRAIL (b) 17595 SOUTH TAMiami TRAIL

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 260

FORT MYERS, FL 33908

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUITE 260

FORT MYERS, FL 33908

11/26/2014

L14000182923

3. Date of filing/registration in Florida

4. Document number

5. (a) HL STATUTORY AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5811 PELICAN BAY BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 650

NAPLES, FL 34108

(b) DENTONS COHEN & GRIGSBY P.C., INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

9110 STRADA PLACE

NEW Registered Office Address:

SUITE 6200

NAPLES, FL 34108

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.

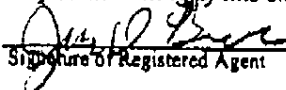


Signature of a member or authorized representative of a member

Ronald E. White

Printed or typed name of signer

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 605, 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 of Registered Agent

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