

48000076883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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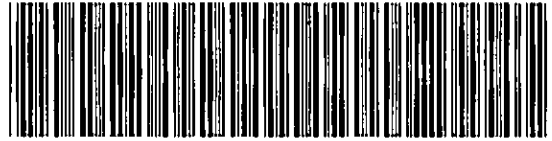
(Business Entity Name)

(Document Number)

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18 NOV - 8 PM 8:40  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 26 2018

Fuse Consulting Engineers

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:

Kylie Schalz

Name of Person

## Fuse Consulting Engineers

Firm/Company

2000 Ponce De Leon Suite 516B

Address

Coral Gables, FL 33134

City/State and Zip Code

kns@fusece.com

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

For further information concerning this matter, please call:

Kylie Schalz	630	849-7183
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Name of Person

Area Code &amp; 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 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.*

**Fuse Consulting Engineers**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) 1860 SW 24th Terrace (b) 1860 SW 24th Terrace

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Miami, FL 33145

Miami, FL 33145

03/26/2018

L18000076883

3. Date of filing/registration in Florida

4. Document number

5. (a) Jose Canales

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

1860 SW 24th Terrace

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami 33145  
FL

(b) Kylie Schalz

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

2000 Ponce De Leon

NEW Registered Office Address:  
Suite 516B

Coral Gables 33134  
FL

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

KYLIE SCHALZ  
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]  
Signature of Registered Agent

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