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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER:

SUBJECT: Specialty Group, Inc.

P96000029823

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Hanna

Name of Contact Person

Specialty Group, Inc.

Firm/Company

P.O. Box 4658

Address

Winter Park, FL 32793-4658

City/State and Zip Code

channa@specialtygroupinc.com

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

For further information concerning this matter, please call:

Cathy Hanna

,407

678-0204

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, F organized under the laws of the S registered agent, or both, in the Si	tate of Florida
 The name of t The principal 	he corporation: Specialty Grooffice address: 4100 Metric	oup, Inc. Drive, Suite 700, Winter I	Park, FL 32792
3. The mailing a	ddress (if different): P.O. Box	4658, Winter Park, FL 3	2793-4658
4. Date of incorp	poration/qualification: 04/04	/1996 Document number:	P96000029823
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office or resigned)	n file with the
	Jeffrey Kaiser, Specialty	Group, Inc.	
1030 Spring Villas Point, 2nd Floor			
	Winter Springs, FL 3270	8	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offices		
	Jeffrey Kaiser, Specialty	Group, Inc.	11.E
	4100 Metric Drive, Suite		
	Winter Park, FL 32792	iox NOT acceptable	12: 36 PATE PRUA
The street addre	ess of its registered office and the be identical.	street address of the business offi	ce of its registered agent,
Such change was authorized by the	is authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or cen notified in writing of the chan	by an officer so
	1/	Jeffrey Kaiser - Pre	
I hereby accept I further agree to performance of agent. Or, if this	o comply with the provisions of a	Printed or typed has ent and agree to act in this capace the statutes relative to the proper as and accept the obligation of my to reflect a change in the register tifted in writing of this change.	ity. ind complete
		03/05/2	013
	nature of Robintofed Agent	Date	
	half of an entity:		
Jeffrey Kais	Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *