

B99000000315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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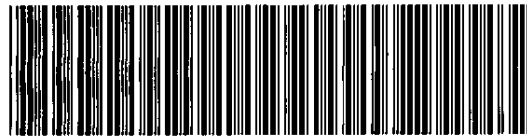
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Spectrum, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B99000000315

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

Please return all correspondence concerning this matter to:

Judy Pizzica

Contact Person

Global Spectrum, LP

Firm/Company

3601 S. Broad Street

Address

Philadelphia, PA 19148

City, State and Zip Code

jpizzica@comcast-spectacor.com

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

For further information concerning this matter, please call:

Judith Pizzica

Name of Contact Person

at (215)

952-5218

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

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

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Global Spectrum, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/26/1999
Date of filing/registration in Florida

3. B99000000315
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michel Sauer
Name

780 94th Ave North, Suite 107
Address

St. Petersburg, FL 33702
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Dave Anderson
Name

650 Okeechobee Blvd.
Florida street address (P.O. Box not acceptable)

West Palm Beach FL 33401
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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