

F 32231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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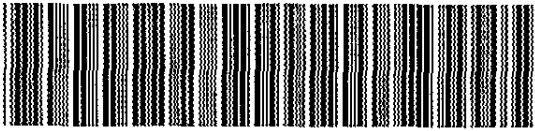
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TO: Amendment Section
Division of Corporations

SUBJECT: SPERO CORPORATION
(Name of corporation)

DOCUMENT NUMBER: F32231

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:

ROBERT MAKEPEACE
(Name of contact person)

SPERO CORPORATION
(Firm/Company)

P. O. BOX 643
(Address)

ISLAMONADA FLORIDA 33031
(City/state and zip code)

For further information concerning this matter, please call:

ROBERT MAKEPEACE at (305) 852-9118
(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
409 E. Gaines Street
Tallahassee, FL 32399

