H 65991

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Mark A.Spence, PA			
Name of Corporation			
DOCUMENT NUMBER:			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Mark A. Spence			
Name of Contact Person			
Mark A. Spence, PA			
Firm/Company			
4823 Ebbtide Lane Unit 403			
Address			
Port Richey, FL 34668			
City/State and Zip Code			
markspencelaw@outlook.com	m		
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter,	please call:		
Mark A. Spence	at (727)916-1974 Area Code & Daytime Telephone Number		
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	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, age is submitted for a corporation organized under t to change its registered office or registered agent, c	the laws of the State of 1 Cond	
1. The name of th	4823 Ebbtide Lane Unit 403		
PortRichey, Fl 340	668		
3. The mailing ac	oration/qualification: 71111485 Docu		2
4. Date of incorp	oration/qualification: 71111485 Docu	ment number: H65 9	11
5. The name and	street address of the current registered agent and retiment of State: (If resigned, enter resigned)	gistered office on file with the	
	BOOTH & COOK, P.A.		
	7510 RIDGE RD.		
	PORT RICHEY, FL 34	1652	
6. The name and (if changed):	I street address of the new registered agent (if chang		2620 DEC 11
	4823 Ebbtide Lane Unit 403		=
	P.O. Box NOT accepta	able	ထဲ
	Port Richey FL 34668		5
as changed will	ess of its registered office and the street address of be identical. as authorized by resolution duly adopted by its both board, or the corporation has been notified in w		
N	Mark A.		
Signatu	ire of an office or director	Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to to comply with the provisions of all statutes relati and I am familiar with and accept the obligation of ing filed merely to reflect a change in the register is been notified in writing of this change.	act in this capacity, ve to the proper and complete my position as registered age ed office address, I hereby co	performance ni. Or if this nfirm that the
mul	a. Decemb	per 4, 2020	. <u> </u>
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name * * FILING FEE: \$35.0	0 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)