

K51040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*RA address change*

11/07/11--01052--002 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Bob*  
11/8/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Spectrum Contracting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** K51040

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:

Ashley Willard  
Name of Contact Person

Spectrum Contracting, Inc.  
Firm/Company

6190 Shirley Street  
Address

Naples, FL 34109  
City/State and Zip Code

ashley.w@scifla.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Willard at ( 239 ) 643-2772  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Spectrum Contracting, Inc.
- 2. The principal office address: 6190 Shirley Street  
Naples, FL 34109
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 12/13/88 Document number: K51040
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John B.C. Schallert  
3530 Kraft Road Suite 100  
Naples, FL 34105

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John B.C. Schallert  
6190 Shirley Street  
P.O. Box NOT acceptable  
Naples, FL 34109

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

      John B.C. Schallert  
Signature of an officer or director      Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

      10/25/11  
Signature of Registered Agent      Date

If signing on behalf of an entity:

John B.C. Schallert  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314