L00000007914

(Requestor's Name)			
(Address)			
, ,			
,,,,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Duninger Fully News)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only



300120713433

03/24/08--01022--002 **25.00

OB MAR 24 PH 3: 23
SECRETARY OF STATE
ALLAHASSEF FI COM

COVER LETTER

-	ion Section of Corporations	
Subject. Sr	ectrum Investment Comp	any LLC
SUBJECT: OF		d Liability Company)
Dear Sir or Mada	nm:	•
The enclosed Re	gistered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all	correspondence concerning this m	natter to the following:
Eric P. Stein	, Esq. (Name of Person)	
Eric P. Stein	, P.A. (Firm/Company)	·
1820 NE 163	SSt., Suite 100 (Address)	<u>:</u>
North Miami B	each, FL 33162 (City/State and Zip Code)	
For further inforr	nation concerning this matter, ple	ase call:
Eric P. Stein,	Esq. at (7	786) 248-1000 (Area Code & Daytime Telephone Number)
STREET/ Registration Division on Clifton Bu 2661 Exec Tallahasses	COURIER ADDRESS: In Section If Corporations Idding Intive Center Circle Interporations Idding Intive Center Circle Interporation	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed \$25 Fil	is a check for the following amo	_
▼ \$23 FH	ing rec	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ABOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

igeni, or boin, in the state of I fortua.	
. The name of the limited liability company is: Spect	rum Investment Company LLC
2. The mailing address of the limited liability company	is : P.O. Box 526325, Miami, FL 33152
7/6/2000	L0000007914
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State:	ffice address as shown on the records of the
Beatriz Alfaro	
Name	
7300 Corporate Center I	Drive, Suite 304
Addres	S
Miami, FL 33126	
City, State as	nd Zip
5. The name and address of the new registered agent and	d/or office:
Eric P. Stein, P.A.	d/or office:
Name 1820 NE 163 Street, Suit	ν
Florida street address (P.O.	

North Miami Beach FL 33162

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

HERNANDO CAICEDO (Manager)
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) (Fric P. Stein, Esq.)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00