## 105000034594

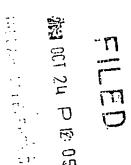
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| ( taxioss)                              |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| <u> </u>                                |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



800319182638

10/03/18--01013--001 \*\*\$25.00



10/25/1800

**Division of Corporations** 

KATHY MORO 7805 SW 6TH COURT PLANTATION, FL 33324

SUBJECT: SPI, LLC

Ref. Number: L05000034594

We have received your document for SPI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00020964

(D)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

| 1.             | Name of the limited liability company: <u>SPI, LLC</u>   |  |  |  |
|----------------|--|--|--|--|
| 2.             | (a) ATTN: Lynda Watkins  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  301 E LAS OLAS BLVD   | (b) <u>{</u>   | SAME  Mailing address of limite  (Note: MAY BE POS   |  |
|                | FT. LAUDERDALE, FL 33301<br>04/08/2005   |  | L05000034594   |  |
| 3.             | Date of filing/registration in Florida   | 4.   | Document number  |  |
| 5.             | (a) CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of  1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET)  TALLAHASSEE FRANK WEINBERG & BLACK P.L. Enter name of NEW Registered Agent and/or NEW Registered  7805 SW 6th Court NEW Registered Office Address:  C/O DAVID BLACK, ESQ. | ADDRESS) . 32301 Office addres                               | 555:   | FILED  AND OCI 24 PR 05  |
|                | <u>PLANTATION</u> , FL   | . 33324  |  |  |
| th<br>ag<br>w: | the limited liability company is not organized under the lave change or changes are made, the Florida street address of gent will be identical. Or, in the case of a Florida limited lia as/were authorized by an affirmative vote of the members of a rticles of organization or the operating agreement of the                               | the register<br>bility comp<br>of the limite<br>limited liab | red office and the business of<br>pany, it is hereby confirmed the<br>d liability company or as oth<br>pility company.                 | ffice of the registered hat the change(s) terwise provided in                            |
| _              | Signature of a member or authorized representative of a member   | 7.077  | ECT FSPOSITO VI<br>Printed or typed name   | of signee  |
| no<br>         | hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete e obligations of my position as registered agent as provide merely reflect a change in the registered office address. I polified inverting of this change.   | ee to act in<br>performand<br>d for in Cha<br>hereby conf.   | this capacity. I further agree<br>ce of my duties, and I am fam<br>upter 605, F.S. Or, if this doc<br>irm that the limited liability o | to comply with the<br>viliar with and accept<br>ument is being filed<br>company has been |