L 100000222355

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EXAMINER

COVER LETTER

Division o	f Corporations					
SUBJECT:	Spencer, Spence		sociates (d Liability C		Group LLC	
Dear Sir or Madar	n:					
The enclosed Reg	istered Agent/Registere	d Office	Change and	fee(s) are sub	mitted for filing.	
Please return all co	orrespondence concerni	ng this m	natter to the	following:		
	Genova T. Spencer Name of Person					
	Managing Member Firm/Company					
	3142 Pizzaro Pl				₩	
	Clermont, FL 34715 City/State and Zip Code				THE ARASSE	
E-mail address: (t	gts4103@ssaac.com	ort notificati	on)		PM 128 40 Y BF STATE EE. FLORIÐJ	
For further inform	ation concerning this m	atter, ple	ase call:			
	va T. Spencer	at (_	352)_Area (35-0442 Telephone Number	
Registration Division of Clifton Bui 2661 Execu	Corporations		Registrat Division P.O. Box	NG ADDRESS tion Section of Corporation 6 6327 see, Florida 32	ns	
	s a check for the follow	wing am				
 √ \$25 Fili	ng Fee		\$55 Fil	ling Fee & Ce	ertified Copy	

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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.

agent, or both, in the state of Florida.					
1. Name of the limited liability company:Spencer,	Spencer & Associates Consulting				
2. (a) Principal office address of limited liability company	3142 Pizzaro PI				
(Note: MUST BE STREET ADDRESS)					
	Clermont, FL 34715				
(b) Mailing address of limited liability company:	3142 Pizzaro Pl				
(Note: MAY BE POST OFFICE BOX)	Clermont, FL 34715				
February 26, 2010	L0000022255				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	Genova T. Spencer				
Registered Office Address:	913 Cornell Avenue Clermont, FL 34711				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ∞					
<u>NEW</u> Registered Agent:	Genova T. Spencer				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3142 Pizzaro Pl S S S S S S S S S S S S S S S S S S				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Genova T. Spencer Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the propositions of all statutes relative to the processions of all statutes relative to the processions, I have by confirm that the limited liability company. Signature of Registered Agent	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization				
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314				

FILING FEE: \$25.00