## L10000059356

Office Use Only



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SECRETARY OF STATE
NIVISION OF CORPORATION

T. HAMPTON
JUL 1 8 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
			Spero Deals, LLC Limited Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office (	Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernin	g this m	natter to the following:	
	Cheryl S. Robert			
	Name of Person			
	Spero Deals, LLC			
	Firm/Company			
	962 Nancy Ct.			
	Address			
	Kissimmee, FL 34759			
	City/State and Zip Code			
E	cs.robert@ymail.com -mail address: (to be used for future annual report	notification	ion)	
For fu	orther information concerning this ma	tter, ple	ease call:	
	Cheryl S. Robert	at (_	407 ) 485-6994	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the follow	ing amo	ount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

## 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.

Name of the limited liability company:	Spero Deals, LLC		
2. (a) Principal office address of limited liability comp	rincipal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	962 Nancy Ct. Kissimmee, FL 34759		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	962 Nancy Ct. Kissimmee, FL 34759		
6/03/2010	L10000059356		
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:	Cheryl S. Robert		
Registered Office Address:	962 Nancy Ct. Kissimmee, FL 34759		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Corporation Service Company  1201 Hays Street Tallahassee ,FL32301		
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 affirmation volume 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  Cheryl S. Robert  Printed or typed name of signee			
Thereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or if this decument is being filed to address, I hereby configuration the limited liability comp	nd agree to act in this capacity. I further agress of proper and complete performance of my duties position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.		
Signature of Registered Agent Lamont W Jones, Assistan Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314		