(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
-			

Office Use Only



100274266741

07/20/15--01023--001 **35.00

2015 AUG 12 P 4: 33

199 1 3 July



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 13 PH 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 30, 2015

HERBERT LEON JOURDAN, JR. 9327 SW 77 ST OCALA, FL 34481

SUBJECT: SPECTRUM VALUATION, LLC

Ref. Number: L13000033351

We have received your document for SPECTRUM VALUATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Deborah Bruce Regulatory Specialist II

Letter Number: 315A00016019

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: SPECTRUM VAI	LUA7/0人, として f Limited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
H	ERBERT 1. JOURDI Name of Person	AN, JR.	
51	PECTRUM VALUATION, Firm/Company	LLC BUILD	2
93	327 SW 77 S. Address	T SECRETARY	7 LTC
_0	CALA FL 348 City/State and Zip Code	OF STATE EE, FLORIU	T E
<u> </u>	E-mail address: (t) be used for future annual	q mail. com report notification)	~
For fu	rther information concerning this matter, ple	ase call:	
A/E	RBKRT L. JOURDAN JR :	at (407) 474-1293	
	Name of Person	Area Code & Daytime Telephone No	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following am	ount:	
	☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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

. Na . (a) .	me of the limited liability company:	·
		30000 33351
	Date of filing/registration in Florida 4.	Document number
. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 113 COBLE CT	TALLSEC
(b)	LONGWOOD ,FL 32770 Enter name of NEW Registered Agent and/or NEW Registered Office address:	S AUG 12 P W 33 CRETARY OF STATE LAHASSEE. FLORID
	NEW Registered Office Address:	FATE DRIDA
	9327 SW 77 ST OCALA ,FL 3488/	

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 artisless of figuration or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

HERBERT L. JOURDAW, JR.
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 605, 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: S25.00