14000036926

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





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A. BUTLER AUG 1 8 2022

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	Nai	ne of Limited	Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change ar	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matter to th	e following:	
L FE	RRELL			
	Name of Person	-		
HAR	BOR COMPLIANCE			
-	Firm/Company			
1830	COLONIAL VILLAGE LN			
	Address			
LAN	CASTER, PA 17601			
	City/State and Zip Code			
PROI	FESSIONAL@HARBORCOMPLI	ANCE.COM		
- I	-mail address: (to be used for future and	nual report not	ification)	
For fu	ther information concerning this matter	, please call:		
HARE	BOR COMPLIANCE	at (717 _	,459-9173	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section		HAILING ADDRESS: Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building	F	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Т	allahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	٥	\$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.

1. Na	ime of the limited liability company: SPECTRI	JM RE	ALT'	Y, LLC, OF FLORIDA
2. (a)		_ (b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	119 HOLLYWOOD BLVD SW, SUITE 207	Р	OST C	FFICE BOX 2922
	Fort Walton Beach, FL 32548		ULF SH	IORES, AL 36547
	03/04/2014	L1	40000	36926
3.	Date of filing/registration in Florida	4.	i	Document number
5 (0)	EMMANUEL, ROBERT A			
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dep	ot, of State:	
	EMMANUEL, ROBERT A			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	30 SPRING STREET			
	PENSACOLA FL	32502		POZZ AUG
(b)	Registered Agents Inc.			AUG THE
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	ered Agent and/or NEW Registered Office address:		20 Dec 20
	7901 4th St N			AMID: 36
	NEW Registered Office Address:			# 36
	STE 300	<u>-</u>		
	St. Petersburg,FL	33702		
he cha igent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he registere sility comp the limited	ed office any, it is Hiability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	-		NR VO	
Signa	son R Voyles ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Bill Havre - Assistant	erformanc for in Cha ereby confi	e oj my a ptèr 605, rm that ti	city. I further agree to comply with the uties, and I am familiar with and accepts. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent