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SECRETARY OF STAIL

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: THE SPENCE GROUP LLC  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DONALD SPENCE  Name of Person  THE SPENCE GROWP  Firm/Company			
1102 PLANTATION DR Address			
OPLANDO, FL 37810  City/State and Zip Code			
TRACEY SPENCE @ NE WM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DONALD     SPENCE     at (407)     947-0329       Name of Person     Area Code & Daytime Telephone Number			
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 amount:			
\$25 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	ame of the limited liability company: $5  ho$ EA	NCE GROUP 4C
2. <b>(a)</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 7707 PLANTATION DR  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DKLANDO, FL 32810	ORLANDO, FL 32810
3.	3-26-14 Date of filing/registration in Florida	L140000 49853  4. Document number
	Registered Agent and Registered Office shown on the records	B ACENTS INC.
	Registered Office Address (MUST BE FLORIDA STREET	EET ADDRESS)
-	TAMPA	1. FL 336.12
(b)	DONALO SIBNCE Enter name of NEW Registered Agent and/or NEW Registered	SECRETADDRESS)  JITE A  FIL 333612  Terred Office address:
	970Z PANTATION DR NEW Registered Office Address;	<u> </u>
	OLLANDO.	.FL <u>328)6</u>
the cha agent v was/we	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe icles of organization or the operating agreement of	
Signat	ture of a member or anthorized representative of a member	DONALD SYENCE Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address did writing of this change.	I agree to act in this capacity. I further agree to comply with the pleie performance of my duties, and I am familiar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
Signatu	re of Registered Agent	-