## L14000070602

•			
(Requ	uestor's Name	)	<del></del>
nbbA)	ess)		_
(Addi	ess)		
(City/	State/Zip/Phor	ne #)	
. PICK-UP	☐ WAIT	N	//AIL
/Pusi	ness Entity Na	ıma)	
(Doci	ument Numbei	τ)	
Certified Copies	Certificate	es of Status	<del></del>
Special Instructions to Fi	iling Officer:		
			-

Office Use Only



100301225001

07/14/17--01012--024 ★★25.00

FILED

2011 JULIT PM 1:48

SEURETARY DE STATE

K. SALY JUL 18 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	PROFESSIONAL of Limited Liability Company	GROUPLLC
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitte	d for filing.
Please return all correspondence concerning this	matter to the following:	
DONALD SPENCE  Name of Person  THE SPENCE PROFESSIONA	L GROUP	
Firm/Company		
7702 PLANTATION DR Address		
ORLANDO, FL 32810 City/State and Zip Code		
JEACEY SPENCE @ ME CON E-mail address: (to be used for future annua	1 report notification)	
For further information concerning this matter, pl	lease call:	
DONALD SPENCE Name of Person	at ( <u>407</u> ) <u>947- 037</u> Area Code & Da	<b>2 Q</b> ytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRES	SS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporation	ons
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 3	2314
Enclosed is a check for the following as	mount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Cer	tified 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.

ì.	Na	ume of the limited liability company:	te Spence	PROFES	SIONAL	GROUP	LLC
2.	(a)	7702 PLANTATION DR Principal office address of limited liability of	ompany:	Ma	iling address of	TION DR limited liability co	mpany:
		OPLANDO, FL 32810		DELAND	D, FL 3	2810	<u>.</u>
		5-1-14		L1401	000106	٥2	
3.		Date of filing/registration in Floric	da 4.	D	ocument nun	iber	
5.	_(a)	INITED STATES USEFORA Registered Agent and Registered Office shown on the					
		Registered Office Address (MUST BE FLORID)	A STREET ADDRESS)			15 Si	2
		1330Z WINDING DAK PT	· <i>P</i>			- C C	= 71
		TAMPA		2		ETAR	
,	(b)	DONALD SPENCE Enter name of NEW Registered Agent and/or NEW	V Registered Office add	ress:		SLUKE JARY OF STATE SALLAWASSEE, FLOWIDS	FILTU PH 1:42
		7702 PLANTATION DR NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			ŗs
			<del></del>				
		DRLANDO	FL <u>32</u> ;	310			
lf ti	he li	imited liability company is not organized un	nder the laws of the	State of Flori	da, it is hereb	v confirmed th	at after
the age was	cha nt w s/we	nge or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the cles of organization on the operating agreen	address of the regist limited liability cor members of the limi	tered office a npany, it is h ted liability o	nd the busine ereby confirm company or as	ss office of the	registered ange(s)
				_	•	PENICE	
S	ignat	ure of a member or authorized representative of a men	mber	<del> </del>	rinted or typed n	ame of signee	<del></del> -
I h pro the to n not	ereb visio obli nere ifiea	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of the registered office of the registered office of the property of th	ent and agree to act I complete performa as provided for in C address, I hereby co	in this capac nce of my du hapter 605, i nfirm that th	ity. I further ties, and I am F.S. Or, if thi 2 limited liabi	agree to compl familiar with s document is l lity company h	y with the and accept peing filed as been
Sig	natur	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00