

L14 0000 98162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

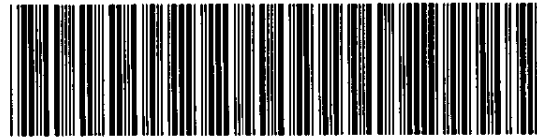
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2015 OCT 23 P 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2015

MARTIN STRENGES
6874 HATTERAS DRIVE
LAKE WORTH, FL 33467

SUBJECT: SPS FINANCIAL & CONSULTING, LLC
Ref. Number: L14000098162

We have received your document for SPS FINANCIAL & CONSULTING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00021064

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPS Financial & Consulting 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:

Martin Strenges

Name of Person

SPS Financial & Consulting LLC

Firm/Company

6874 Hatteras Drive

Address

Lake Worth, FL 33467

City/State and Zip Code

mstrenges@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Strenges

at (561)

685-2037

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

☐ \$55 Filing Fee & Certified Copy

RECEIVED
15 OCT -5 PM 4: 01
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: SPS Financial & Consulting LLC

2. (a) 6874 Hatteras Drive (b) 6874 Hatteras Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Lake Worth, FL 33467

Lake Worth, FL 33467

06/19/2014

L14000098162

3. Date of filing/registration in Florida

4. Document number

5. (a) Martin Strenge

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

545 Teak Drive

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Lake Park, FL 33403

(b) Martin Strenge

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6874 Hatteras Drive

NEW Registered Office Address:

Lake Worth, FL 33467

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 affirmative vote 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

Martin Strenge

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: \$25.00