LI50001	13394
(Requestor's Name) (Address) (Address)	500286368065
(City/State/Zip/Phone #)	06/06/1601046015 ★★55.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 JUN
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Jack Spangler & Associates

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Spangler

Name of Person

Spangler Cremation Service

Firm/Company

215 Imperial Blvd., Ste. A-3

Address

Lakeland, Florida 33803

City/State and Zip Code

jack@spangler-services.com

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

For further information concerning this matter, please call:

Jack Spangler	863 644-0140
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. N	lame of the limited liability company:	er & Associates,	LLC
2. (a)	Spangler Cremation Service	(b) Spangl	er Cremation Service
_ ()	Principal office address of limited liability company:		Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>) 215 Imperial Blvd., Ste. A-3	215 lm	(<u>Note: MAY BE POST OFFICE BOX</u>) Descial Rhyd Sto A 3
			perial Blvd., Ste. A-3
	Lakeland, FL 33803		nd, FL 33803
	June 30, 2015	L150001	13394
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Barbara Perry		
	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of Sta	te:
	Corporation Service Company		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 Hays Street		
	Tallahassee	L 32301	_
(b)	John F. Spangler, Jr. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Spangler Cremation Service <u>NEW</u> Registered Office Address: 215 Imperial Blvd., Ste. A-3	ed Office address:	16 JUN -6 PH [2: @6
	Lakeland , F	L_33803	0A 6
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l vere authorized by an affirmative vote of the members ticles of organization on the operating agreement of th	of the registered offic liability company, it of the limited liabili e limited liability con	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	pure of a member or authorized representative of a member	John F. Spa	Printed or typed name of signee
I here provis the of to men	ebv accept the appointment as registered agent and autions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, he ad in writing of this change.	gree to act in this cap e performance of my led for in Chapter 60 I hereby confirm that	pacity I further agree to comply with the
Signat	ure of Registered Agent		
\bigcup	Division of Corporations• P.O.	Box 6327• Tallaha	issee, FL 32314

FILING FEE: \$25.00

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.

ł.	Na	me of the limited liability company:	gler & Associate	s, LLC		
2.	(a)	Spangler Cremation Service	(b) Spar	(b) Spangler Cremation Service		
, 1	(4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		215 Imperial Blvd., Ste. A-3	215 li	mperial Blvd., Ste. A-3		
-		Lakeland, FL 33803	Lakel	Lakeland, FL 33803		
		June 30, 2015	L1500	0113394		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Barbara Perry				
	()	Registered Agent and Registered Office shown on the records Corporation Service Company	s of the Florida Dept. of	State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		1201 Hays Street				
		Tallahassee	FL_32301	16 JUN - 6		
	(b)	John F. Spangler, Jr.				
	``	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	FLORID: 06		
		Spangler Cremation Service				
		NEW Registered Office Address:				
		215 Imperial Blvd., Ste. A-3				
		Lakeland	_{FL} _33803			
the age was	cha nt v s/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membe cles of prganization on the operating agreement of	s of the registered of d liability company, rs of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in		
		Stat Land	John F. S	pangler, Jr.		
	7.	up of a member or authorized representative of a member		Printed or typed name of signee		
prá the to r	visi obl nere	ov accept the appointment as registered agent and ons of all statutes relative to the proper and compl gations of my position as registered agent as prov by reflect a change in the registered office address in writing of this change.	agree to act in this of ete performance of ided for in Chapter , I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
Sig	natu	e of Registered Agent				
D	/	Division of Corporations• P.(O. Box 6327● Talla	hassee, FL 32314		