## L15000151879

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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J. HORNE AUG 1 6 2024					

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## **COVER LETTER**

Division of Corporations  SPENCE MANAGEMENT GROUP, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
JOHN A. MORAN	
Name of Person	
DUNLAP & MORAN, P.A.	
Firm/Company	<u></u>
22 S. LINKS AVENUE, SUITE 300	
Address	<del> </del>
SARASOTA, FL 34236	
City/State and Zip Code	
DMCORP@DUNLAPMORAN.COM	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
JOHN A. MORAN 94 at (at (	366-0115
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
S25 Filing Fee	□ \$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	ame of the limited liability company: SPENCE MANA 6556 MOORINGS POINT CIRCLE,	AGEME	P.O. POY 13			<del></del>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(b) P.O. BOX 1227  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	202			N, FL 34206			
	BRADENTON, FL 34202	<del></del>	<del>-,</del>				
	9/4/2015		L15000151879		·		
3. 5. (a)	Date of filing/registration in Florida SPENCE, FREDRICK	4.	De	ocument number			
ō. (a)	Registered Agent and Registered Office shown on the records of 6556 MOORINGS POINT CIR	f the Flor	ida Dept. of State:	\$ 100 miles			
	Registered Office Address (MUST BE FLORIDA STREET UNIT 202	ADDRE	<u>(\$5)</u>			•	
	LAKEWOOD RANCH, , FI	34202-	-1227	هم از و کوشو از پروتوا معالم	` . }, .	•	
<i>a</i> >	, ;				三半	2021	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		• 41 • .	, ,			₽ L	
	NEW Registered Office Address:	<u>.</u>	<u> </u>		- TQ	PR	
	202 13TH AVE EAST	·			115	<u> </u>	
	BRADENTON . FI	34208				կ։ 23	
the li	mited liability company is not organized under the law	ws of th	e State of Florid	la, it is hereby conf	irmed th	at after th	
hange eent w	or changes are made, the Florida street address of the	registe ability o	red office and the company, it is he	e business office of reby confirmed the	f the reg	istered	
as/wei	re authorized by an affirmative vote of the members of less of organization or the operating agreement of the	of the li	mited liability compa	ompany or as other	wise pro	vided in	
ic ai uc	Tiller 0.		121	L Coon	• •		
Signatu	ne of a member or authorized representative of a member		Pri	inted or typed name of	signee		
rovisio ie oblis merel	y accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to ac perforn I for in iereby c	ct in this capacit nance of my duit Chapter 605, F. confirm that the	y. I further agree es, and I am famili S. Or, if this docu limited liability co	to compli ar with a ment is b mpany he	y with the and accep eing filed as been	
1	red Soin e			٠ ,			
ignatūre	of Registerco Agent						