## 19000196233

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	·
PICK-UF	P WAIT	MAIL
<u> </u>	(Business Entity Name)	
	(Document Number)	_
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cial Instructions	to Filing Officer:	
	Office Use Only	



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## 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.

١.	Na	une of the limited liability company: Specto	1 Fina	ocial, LLC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)Mailing address of limited tial (Note: MAY BE POST OF				
			<u> </u>				<del>-</del>	
3.		Date of filing/registration in Florida	4.	Document number				
5.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida Dent. of S	Sine.				
		98 Marine St.	ic Florida Dept, of S	siaic.				
		Registered Office Address (MUST BE FLORIDA STREET A)	<del></del>					
				<del></del> .				
		SI (Lugistine FL	32034	<del>_</del>	20	2019		
	(b)	Colby Theisen				2019 DEC	<u>'-;</u>	
		Enter name of NEW Registered Agent and/or NEW Registered C	Mice address:			<u> </u>		
		5399 Gleniake Pl					;	
		NEW Registered Office Address:			•	PT 12:	-	
				<u> </u>		9-1		
		Santand FL	32771		.•			
If the	the li	imited liability company is not organized under the laws	s of the State of	Florida, it is hereby co	ntirmed t	hat after		
ag	ent v	inge or changes are made, the Florida street address of ti vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	pility company, i	it is hereby confirmed t	hat the cl	hange(s)		
the	arti	cles of organization or the operating agreement of the li	imited liability c	company of as one	awise pi	ovided i	I)	
-4	Jignal	ture of a member or authorized representative of a member	$K_{l}m_{l}$	Printed or typed name of	of signee	<del></del>	<del></del>	
Dr	フレババ	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect aghange in the registered office address, I he	eriormance of n	nv duties and I am Iam	iliar with	and aci	rant	
no	tified	I'in stricting of this change.	creby conjum m	a, me immed navnny (	ompuny	rus veer	•	
Si	gnatu	re of Registered Agent						

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

INHS18 (2/14)