

L85422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

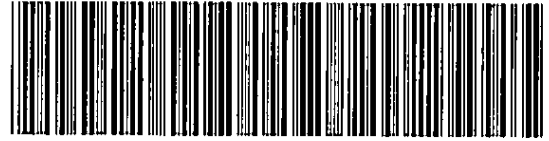
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Sta 10/08/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Specialty Products Unlimited, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L85422

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis McAuliffe

Name of Contact Person

Specialty Products Unlimited, Inc.

Firm/Company

331 Oleander Way, Suite 1031

Address

Casselberry, FL 32707

City/State and Zip Code

d.mcauliffe.specialtyproducts@gmail.com

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

For further information concerning this matter, please call:

Dennis McAuliffe

Name of Contact Person

at (407) 765-0739

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Specialty Products Unlimited, Inc.  
2. The principal office address: 331 Oleander Way, Suite 1031, Casselberry FL 32707

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 6/28/1990 Document number: L85422

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MCAULIFFE, KENNETH M - RESIGNED

331 OLEANDER WAY, SUITE 1031

CASSELBERRY, FL 32707

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MCAULIFFE, DENNIS P.

331 OLEANDER WAY, SUITE 1031

P.O. Box NOT acceptable

CASSELBERRY, FL 32707

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Melinda McAuliffe, PTD  
Signature of an officer or director

MELINDA MCAULIFFE, PTD  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Dennis P. McAuliffe  
Signature of Registered Agent

8/20/2020

Date

If signing on behalf of an entity:

DENNIS P MCAULIFFE

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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