P020000/3184

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400262367824

07/28/14--01020--009 **35.00



(M.

COVER LETTER

Amendment Section Division of Corporations

TO:

			4
SUBJECT:	The Spivey Grou	ıp, Inc.	一种 一
	Name of Corp	oration	128
DOCUMENT NUMBER:	P02000013184		for filing.
The enclosed Statement of Cha	ange of Registered Office/A	agent and fee are submitted	for filing.
Please return all corresponden-	ce concerning this matter to	the following:	09.05 V
	Glen L. Spivey Name of Contac	et Person	
	The Spivey Grou Firm/Comp	ip, Inc. Dany	
	1700 N. Orange Address	Avenue, Suite 300	
	Orlando, Florio City/State and 2	da 32804 Zip Code	
E-mail add	jsallyards@spiv dress: (to be used for futu	vey-group.com re annual report notificat	ion)
For further information concer	ning this matter, please call	:	
Glen L. Spivey Name of Conta		at (<u>407</u>) <u>423</u> - Area Code & Daytime	1430
Name of Conta	ct Person	Area Code & Daytime	Felephone Number
Enclosed is a \$35.00 check ma	de payable to the Departme	ent of State.	
Amen Divisi	dment Section on of Corporations	Street Address: Amendment Section Division of Corpo	
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

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

statement of char	ige is submitted for a cor	.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation:	The Spivey Group, Inc.
2. The principal of	office address:	1700 N. Orange Avenue, Suite 100
		Orlando, Florida 32804
3. The mailing ad	dress (if different):	
4. Date of incorpo	oration/qualification:	2/5/2002 Document number:P02000013184
	street address of the currement of State: (If resigne	ent registered agent and registered office on file with the d, enter resigned)
_	G.	len L. Spivey
_	1	700 N. Orange Avenue, Suite 100
	0	rlando, Florida 32804
6. The name and (if changed):		registered agent (if changed) and /or registered office:
-	1	700 N. Orange Avenue, Suite 300 P.O. Box NOT acceptable rlando, Florida 32804
The street addres as changed will be	s of its registered office be identical.	and the street address of the business office of its registered agent,
Such change was authorized by the	authorized by resolution board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
Signature	of an officer or director	Printed or typed name and title
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm th	he appointment as regist comply with the provisi vy duties, and I am famil document is being filed hat the corporation has i	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.
9:	turn of Projectors J. As and	July 22, 2014 Date
If signing on beh	alf of an entity:	Date
Tvn	ed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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