

PO3000012399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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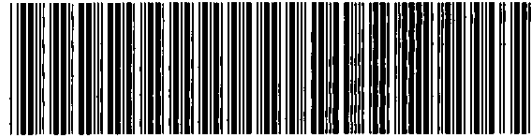
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BoR
12/27/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LTC Spectrum, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000012399

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:

David S. Meyers
Name of Contact Person

Firm/Company

4730 NW Boca Raton Blvd. #100
Address

Boca Raton, FL 33431
City/State and Zip Code

DMeyers@SpectrumPlanningGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Meyers at (561) 982-0001
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: LTC Spectrum, Inc.
2. The principal office address: 4730 NW Boca Raton Blvd. #100, Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/27/2003 Document number: P03000012399
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)

David S. Meyers

6421 Congress Ave. #102

Boca Raton, FL 33487

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

David S. Meyers

4730 NW Boca Raton Blvd. #100

P.O. Box NOT acceptable

Boca Raton, FL 33431

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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.

[Signature]
Signature of an officer or director

David S. Meyers, President

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.

[Signature]
Signature of Registered Agent

12/15/2010

Date

If signing on behalf of an entity:

David S. Meyers

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 (8/05)