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(Requestor's Name)					
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(Business Entity Name)	_				
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Certified Copies Certificates of Status					
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Office Use Only					

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S. CHATHAM

AUG - 8 2023



COVER LETTER

TO: Amendment Section Division of Corporations

Spence Maintenance Corp SUBJECT:______ Name of Corporation

DOCUMENT NUMBER:_____

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:

Ozzie Spence

Name of Contact Person Spence Maintenance Corp

Firm/Company 8901 Sw 142 St

Address Miami, FL 33176

City/State and Zip Code

Handyoz@icloud.com

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

For further information concerning this matter, please call:

Ozzie Spence		305	3607415
•		_ at ()
	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the corporation:	e Maintenance Corp)			
	Sw 142 St	· · · · · · · · · · · · · · · · · · ·			
3. The mailing address (if different):					
4. Date of incorporation/qualification: Document number:			3028	· · · · · ·	
5. The name and street address of the Florida Department of State: (If res	-	• •	h the		
Osborne Spence			(1	202:	
8901 Sw 142 St.				9- 1:UC 2:02	
Miami, FL 33176				5	₩,. •
6. The name and street address of the (if changed):	new registered age	nt (if changed) and /or registered off	ice:	PĦ 3:5	
Ozzie Spence			. 7	8	
8901 Sw 142 St.					
Miami, FL 33176	P.O. Bo	x NOT acceptable			

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.

2 Q Signature of an officer of director

Osborne Spence esiden 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 nutified in writing of this change.

6/2/23

Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Date

ERIC PERDOMO Notary Public State of Florida Comm# HH281973 Expires 6/28/2026

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314