

PO9000083698

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPECIALIZED PROPERTY SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P09000083698

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:

KRISTEN ALBERRE AKEL

Name of Contact Person

SPECIALIZED PROPERTY SOLUTIONS, INC.

Firm/Company

3830 WILLIAMSBURG PARK BLVD, UNIT 7B

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

KALBERRE@HOTMAIL.COM

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

For further information concerning this matter, please call:

KRISTEN ALBERRE AKEL

Name of Contact Person

at (904) 813-0662
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: SPECIALIZED PROPERTY SOLUTIONS, INC.

2. The principal office address: 3830 WILLIAMSBURG PARK BLVD, UNIT 7B

Jacksonville, FL 32257

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10/8/2009 Document number: P09000083698

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)

KRISTEN ALBERRE A

7006 ATLANTIC BLVD

JACKSONVILLE, FL 32211

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

KRISTEN ALBERRE AKEL

3830 WILLIAMSBURG PARK BLVD, UNIT 7B

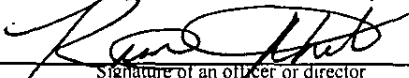
P.O. Box NOT acceptable

JACKSONVILLE, FL 32257

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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 of an officer or director

KRISTEN ALBERRE AKEL

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 of Registered Agent

MARCH 1, 2010

Date

If signing on behalf of an entity:

KRISTEN ALBERRE AKEL

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)