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COVER LETTER

TO: Amendment Section Division of Corporations

े) -

SUBJECT: SPIERS REALTY INC.

Name of Corporation

DOCUMENT NUMBER: P12000087786

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:

MICHAEL E. SPIERS

Name of Contact Person

SPIERS REALTY INC

Firm/Company

2641 EAST ATLANTIC BLVD, #102

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

Mspiers@Spiersrealty.com

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

For further information concerning this matter, please call:

Michael E. Spiers

Name of Contact Person

Name of Contact Person

at (954 781-7750)

Area Code & Davtime 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

	•	17.0502, 607.1508, or 617.1508, Florida St	
•	• •	organized under the laws of the State of Fl	
in orde	r to change its registered office or	registered agent, or both, in the State of Fl	orida.
1. The name of t	he corporation: Spiers Realt	y Inc.	
2. The principal	office address: 2641 East Atla	antic Blvd., Suite 102	
POMPA	NO BEACH, FLORIDA 33	3062	
3. The mailing a	ddress (if different): same		
4. Date of incorp	poration/qualification: October	17, 2012 Document number: P12000	0087786
	I street address of the current registement of State: (If resigned, enter i	tered agent and registered office on file with resigned)	h the
	Corporation Services Co	ompany	2013 SEC
	1201 Hays Street		2013 JUN 21 SECRETARY FALLAHASSE
	Tallahassee, FL 32301		
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered offi	PH :: 40
	Michael E. Spiers		
	2641 East Atlantic Blvd.	Suite 102	
	P.O. Box NOT acceptable		
	Pompano Beach, FL 330	062	
_		street address of the business office of its	
Such change wa authorized by th	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by an or een notified in writing of the change.	fficer so
Michael E. Spiers / President		dent	
, -	re of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or. if the	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and comp and accept the obligation of my position of to reflect a change in the registered office ified in writing of this change.	as registerea
11/What	14. J/km	June 18, 2013	
_	nature of Registered Agent	Date	
It signing on be	half of an entity:		
T	ped or Printed Name		