P12000081786

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COVER LETTER

TO: Amendment Section

Division of Corporations

SPIERS REALTY INC

Name of Corporation

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

1301 EAST ATLANTIC BLVD., STE 10

Address

POMPANO BEACH, FL 33060

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 Spiers

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

-	•	7.0502, 607.1508, or 617.1508, Florid Organized under the laws of the State	·
in orde	r to change its registered office or r	egistered agent, or both, in the State o	of Florida.
1. The name of t	the corporation: Spiers Realty	Inc.	
2. The principal Pompano	office address: 1301 East Atl	antic Blvd., Suite 10	
3. The mailing a	ddress (if different): Same		
4. Date of incorp	poration/qualification: 10/17/20	12 Document number: P12	000087786
	I street address of the current register truent of State: (If resigned, enter re	ered agent and registered office on file signed)	with the
	Michael E. Spiers		
	2641 East Atlantic Blvd.,	Suite 102	_
	Pompano Beach, FL 330	62	_
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered	office
	Michael E. Spiers		
	1301 East Atlantic Blvd.,	Suite 10	3 5
P.O. Box NOT acceptable		•	
	Pompano Beach, FL 330		_ = = = = = = = = = = = = = = = = = = =
The street address changed will	ess of its registered office and the sebe identical.	treet address of the business office o	f its registered agent,
		opted by its board of directors or by an anotified in writing of the change.	
Mully	relof air office/or director	Michael E. Spiers	d title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered ages	nt and agree to act in this capacity. I statutes relative to the proper and cand accept the obligation of my posito reflect a change in the registered of field in writing of this change. December 21, 2016 Date	
•	half of an entity:	Date	
Spiers Real	•		
	yped or Printed Name		

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