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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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R. WHITE

COVER LETTER
COVERLETTER
TO: Amendment Section Division of Corporations
SUBJECT: SPECTRUM FINANCIAL MANAGEMENT INC
Name of Cprporation
DOCUMENT NUMBER: P14000 000338
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:
KOBERT E SHEE Name of Contact Person
SPECTRUM FINANCIAL MANAGEMENT NC Firm/Company
1585 GULLBERRY PL
THE VILLAGES FL 32/63 City/State and Zip Code
Chymate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT E SHEE al (352, 399-2502

Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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/_/
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SPECTRUM FINANCIAC MANAGEMENT /NO
2. The principal office address: 1585 GULL BERRY PL
THE VILLAGES, FL 32163
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/02/2014 Document number: P14000 000 338
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)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1585 GULLBERRY PL P.O. Box NOT acceptable
THE VILLAGES, FL 32163
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.
Lobert & Shaa ROBERT E SHEE PLES IDENT Signature of an officer or director Robert E SHEE PLES IDENT 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 8/20/20/4 Date
If signing on behalf of an entity:
Sectrum FINANCIAL MANAGEMENT INC Solvert Exer President
alacet Sie Freiter

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)