

F13000000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

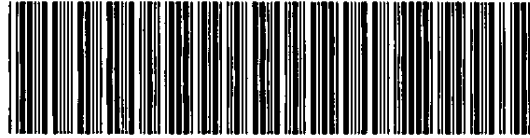
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 3 2015  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPECTOR LOGISTICS INC.  
Name of Corporation

**DOCUMENT NUMBER:** F13000000073

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:

MIKE SHAFFER  
Name of Contact Person

COMPREHENSIVE BUSINESS SERVICES LLC  
Firm/Company

112 CAPITOL TRL  
Address

NEWARK, DE 19711  
City/State and Zip Code

MSHAFFER@CBSTAXPRO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROB BRAND at ( 302 ) 994-2000  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2015

MIKE SHAFFER  
COMPREHENSIVE BUSINESS SERVICES, LLC  
112 CAPITOL TRL  
NEWARK, DE 19711

SUBJECT: SPECTOR LOGISTICS, INC.  
Ref. Number: F13000000073

We have received your document for SPECTOR LOGISTICS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 515A00021978

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**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SPECTOR LOGISTICS, INC.

2. The principal office address: 221 VALLEY RD WILMINGTON, DE 19804

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/07/2013 Document number: F13000000073

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)

REGISTERED AGENTS LEGAL SERVICES, LLC

155 OFFICE PLAZA DRIVE, SUITE A

TALLAHASSEE, FL 32301

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

DEAN ANDERSON

3240 NE 11TH STREET, APT 204

P.O. Box NOT acceptable

POMPANO BEACH, FL 33062

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

DEAN BRAND CFO

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

10/13/15  
Date

If signing on behalf of an entity:

DEAN BRAND

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 (03/12)

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