# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

#### SIGNATURE:

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000270912

#### Entity Name: SALTA INVESTMENTS LIMITED LIABILITY COMPANY

#### **Current Principal Place of Business:**

4455 CONFEDERATE POINT RD 20H JACKSONVILLE, FL 32210

#### **Current Mailing Address:**

4455 CONFEDERATE POINT RD 20H JACKSONVILLE, FL 32210 UN

#### FEI Number: 85-1064225

### Name and Address of Current Registered Agent:

1963 W 17TH STREET 4455 CONFEDERATE POINT RD APT 20H JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE: TARSHELL WASHINGTON

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MANAGER WASHINGTON, TARSHELL Name 1963 W 17TH ST Address City-State-Zip: JACKSONVILLE FL 32209

Certificate of Status Desired: Yes

that my name appears above, or on an attachment with all other like empowered.

| TARSHELL WASHINGTON |  |
|---------------------|--|
|---------------------|--|

Date

10/08/2020

10/08/2020

FILED Oct 08, 2020 Secretary of State 1096462901CR

MANAGER

Date