2020-04-08 14:08:59 CST

12122023573 From: Kimberly Laughrey

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (614)280-3338

Fax Number : (954)208-0845

R. WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

REGISTERED AGENT CHANGE S.A.L.T. PAYROLL CONSULTANTS, INC.

Certificate of Status	0
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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute corganized under the laws of the State of Delawi registered agent, or both, in the State of Florida	are
1. The name of	the corporation: S.A.L.T. PAYROLI	L CONSULTANTS, INC.	
	l office address: 111 Second Avenue		
3. The mailing	address (if different): 13155 Nocl Re	Dad Suite 100 Dallas, TX 75240	
4. Date of incor	poration/qualification: 08/03/2007	Document number: F07000003918	
5. The name an		tered agent and registered office on file with the	
	DAVID STRICKLER		
	1120 PINELLAS BAYWAY S. SUITE 204		
	ST. PETERSBURG, FL 33715		
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	. 1777 1845
	C T Corporation System		1 ငာ
	c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT acceptable		lox NOT acceptable	7: 04
	Plantation, Florida 33324		11
The street addr as changed will	ess of its registered office and the l be identical.	street address of the business office of its regis	tered agent,
		dopted by its board of directors or by an officer een notified in writing of the change.	
G. Brint Ryan / Chief Executive Officer			
I further agree performance of agent. Op if th hereby rongrm	to comply with the provisions of a fmv duties, and I am familiar with	ent and agree to act in this capacity. ell statutes relative to the proper and complete and accept the obligation of my position as reto reflect a change in the registered office addrifted in writing of this change.	gistered ress. I
Ву:	Minn	4/6/2020 Date	
If signing on bo	chalf of an entity:	·/ail	
Cristie My	ers, Assistant Secretary		
Ţ,	yped or Printed Name		

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