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CORPORATION SERVICE COMPANY. ACCOUNT NO. : 12000000195

REFERENCE: 645804 7270423

AUTHORIZATION

COST LIMIT

ORDER DATE: January 18, 2011

ORDER TIME : 3:19 PM

ORDER NO. : 645804-015

CUSTOMER NO: 7270423

## CHANGE OF AGENT

NAME: SALTON, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange 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: Salton, Inc.  2. The principal office address: 3633 S. Flamingo Road, Miramar, FL 33027		
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 03/17/2009 Document number: F09000001085	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Carstarphen, Lisa R	
	2633 S Flamingo Road	
	Miramar, FL 33027	
6. The name and (if changed):	Carstarphen, Lisa R  2633 S Flamingo Road  Miramar, FL 33027  d street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	
	1201 Hays Street	
	P.O. Box NOT acceptable  Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatu	Terry Polistina, President Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.  Dorsen Wallace	
AND Q.	nature of Registered Agent Date	
If signing on be	chalf of an entity:	
Doreen F	Wallace Asst Vice Pres	

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

Typed or Printed Name