

714 000003994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

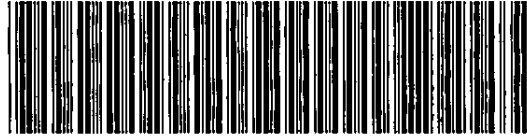
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SALEM TOOLS INC**

Name of Corporation

DOCUMENT NUMBER: **F14000003994**

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:

KATHERINE BEST-GIBSON

Name of Contact Person

SALEM TOOLS INC

Firm/Company

PO BOX 1509

Address

SALEM, VA 24153

City/State and Zip Code

ACCOUNTING@SALEMTTOOLS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN BOOTHE

Name of Contact Person

at (**540**) **378-3505**

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

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

1. The name of the corporation: SALEM TOOLS, INC.
2. The principal office address: 1602 MIDLAND RD., SALEM, VA 24153
3. The mailing address (if different): PO BOX 1509, SALEM, VA 24153
4. Date of incorporation/qualification: 09/22/2014 Document number: F14000003994

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)

ROBERT J. LEVINE

107 NATIVA CIRCLE

NORTH PALM EACH, FL 33410

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

REGISTERED AGENT SOLUTIONS, INC.

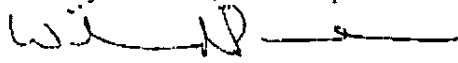
155 OFFICE PLAZA, SUITE A

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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

WILLIAM N. POWELL, PRESIDENT

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

Adam Saldana, Asst. Secretary

Date

If signing on behalf of an entity:

Registered Agent Solutions, Inc.

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)

FILED
2016 MAY -9 AM 11:12
CLERK OF THE COURT
TALLAHASSEE, FLORIDA