Division of Corporations Public Access System

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CONTRACTOR OF

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

SALADO SALES, INC.

Certificate of Status	0
Certified Copy	. 0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

9/9/2009

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

iateme	in order to change its registered office or regis	stered agent, or both, in the State	of Florida.
. The r	name of the corporation:	Saludo Sales, Inc.	
. The p	principal office address: 4747 MCLANE FARKW	AY TEMPLE TX 76504	
. The r	mailing address (if different): P.O. BOX 6115 TE	EMPLE TX 76503-6115	
. Date	of incorporation/qualification: 12/02/1994	Document number:	F94000006163
	name and street address of the current registered and Department of State: (If resigned, enter resign		: with the
	CORPORATION SERVICE COMPANY	Y	
	1201 HAYS STREET		
	TALLAHASSEE FL 32301 US		
	name and street address of the new registered age anged):	ent (if changed) and /or registered	office
	C T Corporation System		
	c/o C T Corporation System, 1200 South	Pine Island Road	700
		OT acceptable	95
	Plantation, Florida 33324		- OC
he stre	eet address of its registered office and the street ged will be identical.	l address of the business office of	of its registered agent,
-	unge was authorized by resolution duly adopte ted by the board, or the corporation has been n		
	Mari Barth	Maria Ozacia, Vice	President
		Printed or typed name a	
hereby further f my di ocume orpora	vaccept the appointment as registered agent as ragree to comply with the provisions of all sta uties, and I am familiar with and accept the ob nt is being filed merely to reflect a change in ti tion has been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and ligation of my position as regist he registered office address, I hee.	complete performance ered agent. Or, if this ereby confirm that the
y:	VCT Corporation System	8/31/09	
	Signature of Registered Agent	Date	
signir	ng on behalf of an entity:		
	Samantha Jones, Assistant Secretary		

* * * FILING FEE: 535.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323)4
CR2E045 (8/05)