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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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SECREMAN OF FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Saladaures (Name of )	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
RON TUTTLE. (Name of Person)  Saladaves LLC (Firm/Company)  Saladaves LLC / CO (Address)	PH 12: 22  PH 12: 22  Kennedy
(City/State and Zip Code)	te # 4 Fort Landerdale FL 33304
For further information concerning this matt	ter, please call:
Name of Person)	at (780) 922 - 3340  (Area Code & Daytime Telephone Number)  email futtle rfe 30/.com
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: Saladoures LLC.
2. The mailing address of the limited liability company is: Salsdaires LLC/co Kennedy
BZ8 NE 15 TH AVE Ste #4 Fort Lander dale FL 33304
7eb. b, 06       4060000 16155         3. Date of filing/registration in Florida       4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Keith Knowles
4000 Seagrape Circle
Keith Knowles  Name  4000 Seagrage Circle  Address  Delray Beach FL 33445  City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
4000 Seaguage Circle Address  Delray Beach FL 33445  City, State and Zip  6. The name and address of the new registered agent and/or office:  Ron F. Turrie  Name  Name
Pon F. Turre Name  Name  Vennedy  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <b>NOT</b> acceptable)
828 NE 15 TH BLAVE Ste # 4 Fort Jaudurdale Fr City, State and Zip 33304
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized referentiative of a member)
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00