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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	

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EXAMINER

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SECRETARY SERVICES AND SERVICES

COVER LETTER

Division of Corporations		
SUBJECT: SALEZ LLC (Name of Limited Liability Company)		
(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:		
Cesar Gonzalez		
Cesar Gonzalez (Name of Person)		
SALEZ LLC (Firm/Company)		
(Firm/Company)		
10900 PALMBAY DRIVE (Address)		
(Address)		
ORLANDO FL 32824 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(ALEX GONZMET 01 (407) 857-8770		
C ALEX GONZMEZ at (407) 857-8770 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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.

1. Name of the limited liability company: SALE	2110
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	OPLANDO, FL 32824
3. Date of filing/registration in Florida	<u>L08000 D54965</u> 1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	LUCIANO SALVATI
Registered Office Address:	Orlando, PL 32837
(b) Enter name of NEW Registered Agent and/or NEW	· · · · · · · · · · · · · · · · · · ·
NEW Registered Agent:	Luciano Saurai
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Driando ,FL 32824
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is
CESAR A. GUNZALEZ (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited diability company has been notified signature of Registered Agent.	
Division of Corporations, P.O. Box FILING FEE:	6327, Tallahassee, FL 32314 💆 👳 🛡

Alex Gonzalez

From:

Alex Gonzalez [alex.gonzalez@techni-lux.com] Friday, September 26, 2008 2:57 PM

Sent:

To: Subject: 'corpaddresschange@dos.state.fl.us' Change of address for Salez LLC

Document Number: L08000054965 Corporate Name: Salez LLC

We have moved, please change the addresses of

Principal Office, Mailing Address and all Manager/ Managing Members

To the following new address:

10900 Palmbay Drive Orlando, FL 32824

All other information, ie Phone numbers, fax, emails all remain the same.

We have also filed the form for registered agent by mail to be changed.

If there is any questions, please don't hesitate to ask.

Thanks, Cesar A Gonzalez Managing Member

Salez LLC

Phone: 407-758-2882