108000067431

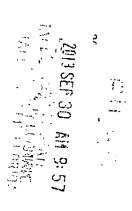
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
'		

Office Use Only



300252113323

09/30/13--01027--022 **25.00



J. SAULSBERRY EXAMINER OCT 3 2013

COVER LETTER

*TO: Registration Section

Division of Corporations

 $_{
m SUBJECT:}$ SALVO TECHNOLOGIES LLC

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:

ERIC MACKEY

Name of Person

SALVO TECHNOLOGIES

Firm/Company

1273 CENTRAL FL PKWY #4

Address

ORLANDO FLORIDA 32837

City/State and Zip Code

SUBACH@SALVOEO.COM

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

For further information concerning this matter, please call:

STEPHANIE UBACH

...407

251-4163

Name of Person

Area Code & Daytime Telephone Number

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 amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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.

	me of the limited liability company: SALVO TECHNOLOGIE			<u></u>	
2. (a) Principal office address of limited liability composite: MUST BE STREET ADDRESS)		• 1273 CENTRAL FLORIDA PARKWAY		2	
		SUITE 4	*	<u> </u>	:
		ORLANDO FLORIDA 32837		- 6	
(b) Mailing address of limited liability company:		1273 CENTRAL FLORIDA PARKWAY	:,	30	;
()	(Note: MAY BE POST OFFICE BOX)	SUITE 4		严	·
		ORLANDO FLORIDA 32837	- س رر.		1,
07/11/200	98	L08000067431		- .e. 21	
3. Dat	e of filing/registration in Florida	4. Document number	-		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida D	ept. of S	State:	
	Registered Agent:	NRAI SERVICES, INC	2. A	3	
	Provintered Office Address.	1200 POLITH BINE ICLAND DOAD		1	٠-٩
	Registered Office Address:	PLANTATION FLORIDA 33324		L	
		- Carry Control Control		,	
				,	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addre	ess:	;	
	NEW Registered Agent:	ERIC G MACKEY	<u> </u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		808 LAKE BISCAYNE WAY			
		ODLANDO EL ODIDA 22924			
		ORLANDO FLORIDA 32824	,FL		
confirmand the liability the method the op		aws of the State of Florida, orida street address of the r	it is her	d offic	e ote of or
confinand the liability the method the op Signatur	imited liability company is not organized under the le med that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. G Mackey G Mackey The limited liability company or as otherwise of a member or authorized representative of a member	aws of the State of Florida, orida street address of the r	it is her	d offic	e ote of or

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