

L1100000D7657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

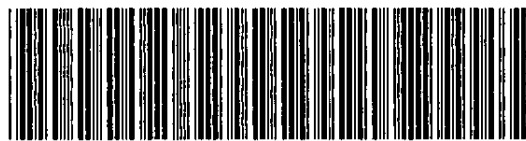
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 09 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2012

TYLER SALEM  
3278 MASTERS DR  
CLEARWATER, FL 33761

SUBJECT: SALEM ENTERPRISES LLC  
Ref. Number: L11000007657

We have received your document for SALEM ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 812A00018422

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Salem Enterprises  
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:

Tyler Salem  
Name of Person

Salem Enterprises  
Firm/Company

3278 Masters Dr  
Address

Clearwater, FL 33761  
City/State and Zip Code

Salem.tyler@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Salem at ( 727 ) 468-8816  
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

*Neither, I already paid.*

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TALLAHASSEE, FLORIDA

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**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: Salem Enterprises

2. (a) Principal office address of limited liability company: 3278 Masters Dr

(Note: **MUST BE STREET ADDRESS**)

Clearwater, FL 33761

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

same as above

3. Date of filing/registration in Florida

1/19/2011

4. Document number

L11000007657

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

United States Corporation Agents

Registered Office Address:

1330a Winding Oaks Blvd  
Suite A  
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Tyler Salem

**NEW Registered Office Address:**

3278 Masters Dr

(**MUST BE FLORIDA STREET ADDRESS**)

Clearwater, FL 33761

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 representative of a member

Printed or typed name of signer

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

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AND  
FILED

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TALLAHASSEE, FLORIDA