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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SALTIME BUTTUR	of Limited Liability Company
Name	ofLimited 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:
Kristopher T. Remon	
Sitchin Bulling Solita	W THE T
208 LAVIA Rinecrest Address	PILED AND 17 PM
	En la serie de la
Brandon, FL 3351) City/State and Zip Code	
E-mail address: (to be used for future annua	ing-co-
E-mail address: (to be used for future annua	l region notification)
For further information concerning this matter, pl	ease call:
Knis Perm	at (813) 453-7218
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 ar	nount:
2325 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 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	ire Build	ing Solutions LLC
2. (a)	Knistopher T. Penny		Thomas E. Marin
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			1
	206 Lithic Pincored Rd	_	208 Lithin Kincores Rd
	Brandon, FL 3351)		Brandon, FL 33511
	7/2/4		
,	//8///	,	<u> </u>
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		31 81 11 8	
	Registered Agent and Registered Office shown on the records	of the Florida Dept	, of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<u> </u>
		_	
	200 LApia Pinecrot &		
	Krostan	FL 335//	7 m
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
		-	
	NEW Registered Office Address:	21	
	208 Lithia Pincast &	<u>u. </u>	
	p s	7001	
		FL_ 335 //	
	imited liability company is not organized under the		
agent v	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	l liability compa	ny, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t		
-			Printed or typed name of signee
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple	agree to act in the	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept
the obl to mere	ions of all statules relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address,	ided for in Chap . I hereby confir	tér 605, F.S. Or, if this document is being filed m that the limited liability company has been
notified	d'in writing of this change.	• •	, , ,

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

Signature of Registered Agent