

8/29/2013 12:04:19 From: 8506176383

Division of Corporations

LN000080542

1/3

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000188605 3)))



H130001886053ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
SALMA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0/03
Estimated Charge	\$25.00

RECEIVED  
13 AUG 29 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*

Please retain original filing

Electronic Filing Menu

Corporate Filing Menu

Date of submission 8/23

AUG 30 2013  
B. BUTLER

850-617-6381

8/29/2013 8:52:37 AM PAGE 1/001 Fax Server



August 29, 2013

CT CORPORATION

SUBJECT: SALMA, LLC  
REF: H13000188605

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
13 AUG 23 AM 6:35  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6952.

Deidre Butler  
Regulatory Specialist II

FAX Aud. #: H13000188605  
Letter Number: 013A00020532

**\*RE-SUBMIT\***

Please retain original  
date of submission 8/23

AUG 26 2013  
D. BUTLER

**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: Salma, LLC
2. (a) Principal office address of limited liability company: 994 N Colony Road, PMB 119  
Wallingford, CT 06492  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 994 N Colony Road, PMB 119  
Wallingford, CT 06492  
 (Note: **MAY BE POST OFFICE BOX**)
- 7/13/2011 L11000080542
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Incorp Services, Inc.
- Registered Office Address: 17888 67th Court North  
Loxahatchee, FL 33470
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: C T Corporation System
- NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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

Kamran Farid  
 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 hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: Tammy Teller  
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)