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COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: RICHARD & SUE SALTER LLC	RICHARD & SUE SALTER LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
ANNA MANUKYAN						
Name of Person						
LEGALINC CORPORATE SERVICES INC.						
Firm/Company						
5850 GRANITE PKWY STE 215						
Address						
PLANO, TX 75024						
City/State and Zip Code						
dfshaw@bigpond.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, pleas	e call:					
ANNA MANUKYAN	844 286-0178					
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 amou	unt:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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	me of the limited liability company: RICHARD & S	UE S	AL	IER LLC	; 	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4281 EXPRESS LANE, SUITE L2155	_ (1		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) PRESS LANE, SUITE L2155	
		SARASOTA, FL 34238	_	S	ARASO	TA, FL 34238	
		07/23/2013		L1	3000104	4373	
3.		Date of filing/registration in Florida	4.		7	Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the NRAI SERVICES, INC Registered Office Address (MUST BE FLORIDA STREET ALL) 1200 SOUTH PINE ISLAND ROAD			pt. of State:		
		PLANTATION , FL 3	33324	1			<u> </u>
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Quality LEGALINC CORPORATE SERVICES INC.	Mice ac	ddres			
		NEW Registered Office Address:					
		5237 SUMMERLIN COMMONS, SUITE 400					1
		FORT MEYERS	33907	7			
the age was	cha nt v s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cless of premieration or the operating agreement of the li	he reg pility c the lir	ister comp mite	ed office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	ĺ
		And a	Do	วทกล	a Shaw		_
I h pro the to i not	erel visi obl nere ified	ture of a member of muthorized representative of a member by accept the appointment as registered agent and agreous of all statules relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in ereby c	ct in nanc Cha conf		Printed or typed name of signee city. I further agree to comply with the utles, and I am familiar with and accep F.S. Or, if this document is being filed te limited liability company has been	1

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

INHS18 (2/14)

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