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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY MAR - 7 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Salty Pup UC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jessi ca Hall Name of Person				
Sulfy Pup LL C Firm/Company				
529 Stu Ave N Address				
Jacks truille Beach FL 32250 City/State and Zip Code				
Momoshock ley Qanui . Lom E-mail address: (to be used for future abrual report notification)				
For further information concerning this matter, please call:				
Jessica Hall at 904 302 2717 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:				
2 \$25 Filing Fee	☐ \$55 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. Nai	me of the limited liability company: Saky Rup U	
2. (a)		me as mai . mal
2. (a) _	(*)	failing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Jacksonville Beach PC	
	32250	
	1 1	
	<u>1117114</u> <u>L140</u>	000009711
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	US Corp Agents	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	AMORE DE LA CENTRE ADDRESS	20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	書って
	1336 2 Winding Oak CT	A P
	1 ampa, FL 3361 2	- Sary 3 IT
(1.)	lessica Hall	EFF Shall
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		5.7
	NEW Registered Office Address:	
	361 344 AND N	
,	Jacksmille Beach, FL 32252	
	JUCISONVITIE DEACON, FL 1223C	
	mited liability company is not organized under the laws of the State of Flo nge or changes are made, the Florida street address of the registered office	
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	hereby confirmed that the change(s)
	les of organization or the operating agreement of the limited liability com	pany.
	Jess,	Printed or typed name of signee
•	are of a member or authorized representative of a member	Printed or typed name of signee
i nereb provisio	y accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my d gations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address, I hereby confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept FS. Or if this document is being fled.
to merei notified	ly reflect a change in the registered affice address, I hereby confirm that the interpretation of this change.	he limited liability company has been
	// MeV -	
Signature	e of Begistered Agent	