## 2/4000/34908

(Re	equestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							





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SECRETARY OF STATE
TALLABASSEE FLORIDA

MAR 24 2015 T. CARTER

## COVER/LETTER

TO: Registration Section Division of Corporations	*** · · · · · · · · · · · · · · · · · ·								
* .									
SUBJECT:	· · · · · · · · · · · · · · · · · · ·								
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:									
Average Determine									
Aurelle Delerme									
Name of Person									
Salt Life Kitchen LLC									
Firm/Company									
2533 Georgetown Lane									
Address									
Fort Walton Beach/FL 32547									
City/State and Zip Code									
saltlifekitchen@gmail.com									
E-mail address: (to be used for future annu	ual report notification)								
For further information concerning this matter,	please call:								
Aurelle Delerme	at ( ) 499 - 7349								
Name of Person	Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS:	MAILING ADDRESS:								
Registration Section Registration Section									
Division of Corporations  Division of Corporations									
Clifton Building P.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314								
Enclosed is a check for the following amount:									
\$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: Salt Life Kitche	n, LLC	<u> </u>			
2.	(a)	Salt Life Kitchen, LLC	(b)	Salt Life	Kitchen, LLC		
	(ω)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Nailing address of limited liabi	•	
		2533 Georgetown Lane		2533 Ge	orgetown Lane		
		Fort Walton Beach, FL 32547	-	Fort Walt	ton Beach, FL 32547		
		08/28/2014	1	L1400013	4908		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	United States Corporation Agents, INC					
	` /	Registered Agent and Registered Office shown on the records of the 13302 Winding Oaks Court	e Florida	Dept. of State	:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					Τ̈́S
		Suite A				5 1	LC.
		Tampa , FL 3	3612	·		HAR IS	AHAS MASA MASA MASA MASA MASA MASA MASA
	(b)	Aurelle Delerme			9 AH	LED RY OF SEE.	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	<u>lress</u> :		ڣ	75 10 11 11 11 11 11 11 11 11 11 11 11 11
		Salt Life Kitchen, LLC				33	ATE RIDA
		NEW Registered Office Address:					
		2533 Georgetown Lane					
		Fort Walton Beach, FL 3	2547		•		
the age wa	cha ent v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cley of organization or the liabere agreement of the liabere and organization or the special page.	he regis oility co the lim	stered office impany, it is ited liability	and the business office s hereby confirmed that t y company or as otherwise	of the	registered inge(s)
_		Aluelle Jalume			Aurelle Delerme		
		ture of a member or authorized representative of a member			Printed or typed name of sign		
pro the to no	nere oviși obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I hid d'infyriting of this grange!	e to act erform for in ( ereby co	in this capa ance of my o Chapter 605 onfirm that i	acity. I further agree to duties, and I am familiar, F.S. Or, if this docume the limited liability comp	compl with nt is l pany h	y with the and accept being filed as been
Si	gnatu	re df Registered Agení					