## 1100153947

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OCT 0 6 2015 S. YOUNG

## **COVER LETTER**

Division of Corporations								
SUBJECT: SALTIRE SERVICES LLC  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:								
CHRISTOPHZE CIZZEN  Name of Person								
SALTIRE SERVICES LLC Firm/Company								
2668 Faintaine VIEW CIR, #103								
Address  NAPLZS FL, 34109  City/State and Zip Code  City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
CHRISTOPAZE GRZZN at (239) 571 0766  Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida, 32314								

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

## 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:	SALTIRZ	SZEVICES	> LLC	
2.	(a) .	Principal office address of limited liabili (Note: MUST BE STREET ADD		Mailing address	SUMPAIN VIEW CIE, of limited liability company:  WEE POST OFFICE BOX)	
		#103		#103		
		NAPLES, FL, 31	1109	NAPIZO	, FL, 34109	
3.		Date of filing/registration in Fl	orida 4.	L1400015		
5	(a)	CHEISTOPHZE	(JRZZN)			
э.	(a)					
		Registered Office Address (MUST BE FLO)	RIDA STREET ADDRESS)		회상: <b>(화</b>	
		1835 FLORIDA (	LUB CIZ,	#3205		
		MAPLES	,FL34	112		
	(b) .	CHIZISTOPHER	GRZZN		5 E D	
		Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office addr	£27:	्र इंट्रें ए	
			IN VIEW	Cirz	80 OS	
		NEW Registered Office Address:				
		<u>#103</u>				
		NAPLZS	, fl_ 34	109_		
the age wa	char int w s/we	mited liability company is not organized nge or changes are made, the Florida strail be identical. Or, in the case of a Flor re authorized by an affirmative vote of to cles of organization or the operating agree	eet address of the registorida limited liability con the members of the limit	ered office and the bus apany, it is hereby con ed liability company of	siness office of the registered firmed that the change(s)	
		Olg		H215TOPHZ	e grzzn	
	_	ure of a member or authorized representative of a				
pro the to i not	visic obli nere ified	by accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered age ly reflect a change in the registered office in writing of this change.	agent and agree to act i and complete performa ent as provided for in Ch ce address, I hereby con	n this capacity. I furth nce of my duties, and I napter 605, F.S. Or, if firm that the limited I	her agree to comply with the am familiar with and accept this document is being filed iability company has been	
-		~ /				