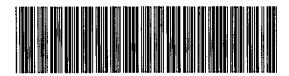
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(Re	questor's Name)	
(Ad	dress)	
(Au	uic <i>33)</i>	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations	· ·
1 4 2 1 2 2	** ** ** ** ** ** ** ** ** ** ** ** **
SUBJECT: Saltfly Pioneer, LLC	
Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
$\frac{\partial}{\partial x} \frac{\partial}{\partial x} \Omega = \frac{\partial}{\partial x} n^{-1}$	
Peter A. DiSalvo, C.P.A.	
Name of Person	
e managama a ga katawa	Kr.
DiSalvo And Company, P.A.	<u> </u>
Firm/Company	
1945 20th Street	
Address	
Vero Beach, FL 32960	
City/State and Zip Code	
flannualreports@disalvocpa.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Control State	·
Peter A. DiSalvo at (772 770-6008
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	·
Fuciosed is a cueck for the following amoun	ti
☑ \$25 Filing Fee	S55 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	nme of the limited liability company: Saltfly Pione	er, LLC	<u> </u>						
`	,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	N			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		519 Evergreen Street NE			519 Eve	rgreen Str	eet N	Ε		
,		Palm Bay, FL 32907	_		Palm Ba	ıy, FL 329	07			
		9/14/2015		l	_150001	56346				
3. .		Date of filing/registration in Florida	4.		- 12-72-21	Document r	umbe	r		
5. (a)					_				
,		Registered Agent and Registered Office shown on the records of	the Florid	da I	Dept. of State	- e;				
		United States Corporation Agents, Inc								
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		-				
		13302 Winding Oak Court A								
		Tampa . FI	33612	2		•				
								34.5	SEP	
(I	b)	Enter name of NEW Registered Agent and/or NEW Registered	I ()(Tien a	.1.4.		-		200	9. 1.	
		Line finance of 185.55 Registered Agent and/or 185.55 Registered	i viine a		<u></u>			H		
		DiSalvo And Company, P.A.						ASSEL FLORID	1:1 Hd	g d
		NEW Registered Office Address:				•		3 55	+-	,
		1945 20th Street)		
		Vero Beach	32960)						
the cagen was/the a Sign I he provente of the orthogonal sign and the cagen are to me a sign and the cagen are the cagen are to me a sign are	t we we want is in the control of th	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. For, in the case of a Florida limited library authorized by an affirmative vote of the members of organization of the operating agreement of the until a member of authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ws of the reg ability cof the lin limited	e S ist con mit lia	ered office npany, it is the definition of the d	e and the bus is hereby con y company on pany. Men en Printed or type active I furth.	iness of firmed or as of <u>Je</u> ed name	office of that the herwise	the roe change provide	gistered ge(s) ded in

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

Signature of Registered Agent