## L15000184846

| (Requesto                      | or's Name)             |  |
|--------------------------------|------------------------|--|
| (Address)                      | <del></del>            |  |
| (Address)                      |                        |  |
| (City/State                    | e/Zip/Phone #)         |  |
| PICK-UP                        | WAIT MAIL              |  |
| (Business                      | Entity Name)           |  |
| (Document Number)              |                        |  |
| Certified Copies               | Certificates of Status |  |
| Special Instructions to Filing | Officer:               |  |
|                                |                        |  |
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SECRETARY OF SINTE

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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: SALT AIR INVESTORS # 13   |   |
| Name   | e of Limited Liability Company  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office  | ce Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this   | s matter to the following:  |
| KEVIN P. KASSEBAUM   |   |
| Name of Person   |   |
| KEVIN P. KASSEBAUM, C.P.A., P.A.   |   |
| Firm/Company   |   |
| 7015 BERACASA WAY, STE 105   |   |
| Address  |   |
| BOCA RATON, FL 33433   |   |
| City/State and Zip Code  |   |
| KASSKEVCPA@BELLSOUTH.NET   |   |
| E-mail address: (to be used for future annu  | ual report notification)  |
| For further information concerning this matter,  | please call:  |
| KEVIN P. KASSEBAUM   | 561 347-9300 at ()  |
| 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:   |
| ☑ \$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.

| (a) |  | (b             | Mailing address of limited liability compan        |
|-----|--|----------------|--|
|     | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS) |                | (Note: MAY BE POST OFFICE BOX)                     |
|     | 1719 SE 10th STREET  |                | 1719 SE 10th STREET                                |
|     | FT. LAUDERDALE, FL 33316   |                | FT. LAUDERDALE, FL 33316                           |
|     | 10/30/15   |                | L15000184846                                       |
|     | Date of filing/registration in Florida   | 4.             | Document number                                    |
| (a) | THE KAMMERMAN LAW GROUP, P.A.  |                |  |
| (a) | Registered Agent and Registered Office shown on the records                              | of the Florida | a Dept. of State:                                  |
|     | THE KAMMERMAN LAW GROUP, P.A.  |                |  |
|     | Registered Office Address (MUST BE FLORIDA STREE   | T ADDRESS      |  |
|     | 790 E BROWARD BLVD., STE 201   |                | <b>≔</b> [;;                                       |
|     | FT. LAUDERDALE   | FL_33301       | JUL 23 AN 9: 3: CRETARY OF STATE LAHASSEE, FLORIDA |
| (b) | KEVIN P. KASSEBAUM   |                | ## ## D  |
|     | Enter name of NEW Registered Agent and/or NEW Register                                   | ed Office ad   | Idress: P. ORNO.                                   |
|     | KEVIN P. KASSEBAUM   |                | 39<br>DA   |
|     |  |                | <del>-</del>                                       |
|     | NEW Registered Office Address:   |                |  |
|     | NEW Registered Office Address: 7015 BERACASA WAY, STE 105                                |                |  |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/ware authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent