115000184854

(Requestor's Name)					
(Address)					
(Address)					
	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL	_			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



000315858960

07/23/18--01033--015 **25.00

TILED

SECRETARY OF STATE
SECRETARY OF STATE

O SIMMONS
JUL 2 8 2018

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	SALT AIR INVESTORS # 14	, LLC				
SODUL	Name of Limited Liability Company					
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.			
Please r	eturn all correspondence concerning thi	s matter to the fo	ollowing:			
KEVIN	P. KASSEBAUM					
-	Name of Person		_			
KEVIN	P. KASSEBAUM, C.P.A., P.A.					
	Firm/Company		_			
7015 E	BERACASA WAY, STE 105					
-	Address		_			
воса	RATON, FL 33433					
	City/State and Zip Code		_			
KASSI	KEVCPA@BELLSOUTH.NET					
Ē-	mail address: (to be used for future ann	ual report notific	ration)			
For furt	her information concerning this matter,	please call:				
KEVIN	P. KASSEBAUM	561 at (347-9300			
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$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

l. Na	me of the limited liability company: SALT AIR IN	VESTO	KS # 14, 1	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	1719 SE 10th STREET		1719 SE	10th STREET
	FT. LAUDERDALE, FL 33316		FT. LAU	DERDALE, FL 33316
	10/30/15		L1500018	348549
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	THE KAMMERMAN LAW GROUP, P.A.			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- 9:
	THE KAMMERMAN LAW GROUP, P.A.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	-
	790 E BROWARD BLVD., STE 201			
	FT. LAUDERDALE , F	L_33301		SECH SECH
(b)	KEVIN P. KASSEBAUM			FILED JUL 23 M RETARY OF LAHASSEE, I
` ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	EC. FIG.
	KEVIN P. KASSEBAUM			10R
	NEW Registered Office Address:			D. 5
	7015 BERACASA WAY, STE 105			-
	BOCA RATON	L33433		_
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registiability co of the lim of limited l	stered office ompany, it i sited liabilit iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Ç:	ture of a member or authorized representative of a member	KO	DEKIE.	GIVEN, Jr. Printed or typed name of signee
•	·			
1 nere provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address. I	gree to act e perform ed for in G I hereby c	ance of my Chapter 60: Confirm that	activ. I juriner agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent