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COVER LETTER

Division of Corporations	,				
SUBJECT: Salca Home Improvements LLC	C				
Name of Limited Liability Company					
Dear Sir or Madam:	•				
The enclosed Registered Agent/Registered Office	Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Carl Christian					
Name of Person	·				
Salca Home Improvement LLC					
Firm/Company					
18359 sw 3rd st					
Address					
Pembroke Pines, FL 33029					
City/State and Zip Code					
theniceagent@gmail.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plo	ease call:				
-Carl Christian	at (305) 610 - 4927 Area Code & Daytime Telephone Number				
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.

2. (a)	18359 SW 3rd St, Pembroke Pines FL 33029	(b) 18359 sw 3rd st, Pembroke Pines FL 3302		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
3.	5/19/2016 Date of filing/registration in Florida	4. <u>L1600</u>	Document number	
٠.		4. - 51 i \ /	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	- ALT Y	* State:	
	T)	ie Fiorida Dept. Of	State.	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		6.25
	Suite III			1 1
	Miramay, FL	23026		MAR-6 AM
	, LL			5
(b)	Myriame R. Christian			3. 0.
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		
	SALCA HOME IMPROVEM	TENT LL	<u>_C</u>	20
	NEW Registered Office Address:			5)
	18359 SU 30 St			
	Pembroke Pines FL	37-629		
the ch agent	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the registered of bility company	office and the business off t, it is hereby confirmed the	ice of the registere at the change(s)
was/w the art	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	t the timited ha limited liability	company.	rwise provided in
		_Carl	Christian	
_	ature of a member or authorized representative of a member		Printed or typed name of	-
I here provis the ob to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this performance of I for in Chapter ereby confirm	capacity. I further agree f my duties, and I am fami c 605, F.S. Or, if this doc that the limited liability c	to comply with th liar with and acce ument is being file ompany has been