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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

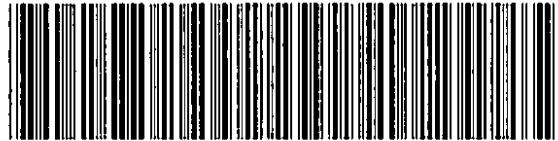
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19 OCT -3 AM 4:43

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

OCT 04 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2019

TODD BERTENSHAW  
SALONTODD LLC  
200 SE SEVILLE STREET #5  
STUART, FL 34994

SUBJECT: SALONTODD"LLC"  
Ref. Number: L16000158577

We have received your document for SALONTODD"LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 319A00019152

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALONTODD "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:

Todd Bertenshaw  
Name of Person

SALONTODD "LLC"  
Firm/Company

200 SE Seville St #5  
Address

Stuart FL 34994  
City/State and Zip Code

Salontodd@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Bertenshaw at (772) 626-9667  
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

ll

**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. Name of the limited liability company: SALANTOOD LLC
2. (a) 32 SE OSCEOLA ST B (b) 32 SE OSCEOLA ST B  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 8-24-2016 4. L16000158577  
Date of filing/registration in Florida Document number

5. (a) Todd Bertenshaw  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  
400 CAMDEN AVE STRAIT FL 34994  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
SALANTOOD LLC  
200 Se Seville St #5  
STRAIT FL 34994  
NEW Registered Office Address:
- FILED  
OCT - 3 AM 10:43  
TALLAHASSEE, FLORIDA

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/were 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.

Todd Bertenshaw Todd Bertenshaw  
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Todd Bertenshaw  
Signature of Registered Agent