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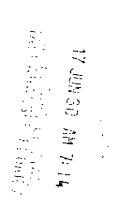
	(Requestor's Name)
<u> </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Salvatierra Prop	Cimited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Edvardo J. Penaran Name of Person	
Salvationa Properti	<u>'eS</u>
1070 Montgomery Rd # 2019	<u> </u>
Altamonte Springs 327 City/State and Zip Code	14
E-mail address: (to be used for future annual	7 - Compreport notification)
For further information concerning this matter, plea	ase call:
Edvardo Peraran a 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 am	ount:
\$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.

\leq 1 \cdot \cdot \cdot \cdot \cdot	
1. Name of the limited liability company: Salvetierra Properties	
2. (a)	
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS) Mailing address of limited hability comp (Note: MAY BE POST OFFICE BO.	•
	<u> </u>
1070 Montagomery Rd H2019 1070 Montgomeny Rd H:	
Altamorte Springs, FZ 32714 Altamorte Springs, FL	<u> 52</u>]]
4/17/2017	a
3. Date of filing/registration in Florida 4. Document number	1
5. (a) Laurdo D. Herroro Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
10837 Heather Ridge Cir. Apt. 106	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Orlando .FL 32817	
Urlando FL 3281/	
(i) <u>Charar</u>	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
1070 Montgomer, Rd # 2019	
NEW Registered Office Address:	
Altamonte Springs FL 32714	
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 reagent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change	gistered
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide	ded in
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member of authorized representative of a member Printed or typed name of signee	
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w	vith the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bei to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has	i accept ng filed Kaan
notified in writing of this change.	176671
Signature of Registered Agent	

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