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(Requestor's Name) (Address)	300316458953
(Address)	000010400000
(City/State/Zip/Phone #)	
(Business Entity Name)	08/03/1801010013 ★+25.00
(Document Number)	
Certified Copies Certificates of Status	-
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COVER LETTER

TO: **Registration Section** Division of Corporations

Saltwater and Spice LLC Name of Limited Liability Company SUBJECT: _

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:

Nicole Martinelli Name of Person

Saltwater and Spice UC Firm/Company

1596 Pinyon Pine Drive Address

Sarasota FL 24240 City/State and Zip Code

Sal twater and Spice @ Juhow. Com E-mail address: (to be used for futury annual report notification)

For further information concerning this matter, please call:

Nicole Martinelli at (609) 709-1582 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

FILED

Enclosed is a check for the following amount:

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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:	ater and Spice LLC
2. (a) <u>Sulfwater and Spice LC</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b) <u>Saltwater</u> and <u>Spice LLC</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1596 Pinyon Pine Driv	e 1596 Pinyon Pine Drive
Sarasota FL 34240	Sarasota FL 34240
7/27/2017	L17000160121
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>Legaline</u> Corporate Serv Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:
6237 Summerlin Comme Registered Office Address (MUST BE FLORIDA STREE	
Suite 400	
Fort Myers, Br.	
(b) Nicole Martinelli	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:
	PEFFLORIDA
NEW Registered Office Address:	
1596 Pinyon Pine Dri	re N
Sarasota	FL_34240
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere l liability company, it is hereby confirmed that the change(s) s of the limited liability company or as otherwise provided in the limited liability company.
AT 3	Nicole Martinelli Printed or typed name of signee
Signathire dfa 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-

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