

122000187990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

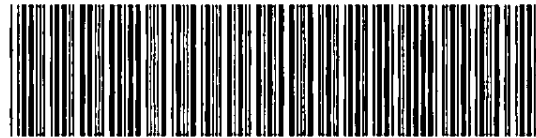
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

MAR - 9 2023



700399446277

11:20:00 AM 03/09/2023
MAR 9 2023
11:20:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

Salty Beverage Distribution LLC

SUBJECT: _____
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:

Robert Truax

Name of Person

Salty Beverage Distribution LLC

Firm/Company

1414 County Rd 283 S , Suite D

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

~~saltygidsbeachsetup@gmail.com~~

saltybeverage distribution @ gmail . com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Truax

404

429-2505

OR Rob Truax

at (404)

421-2524

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

Salty Beverage Distribution LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1414 County Rd 283 S, Suite D

Santa Rosa Beach, FL 32459

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1414 County Rd 283 S, Suite D

Santa Rosa Beach, FL 32459

04/20/2022

1.22000187990

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
James Rodgers

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

549 Eden Dr

Santa Rosa Beach 32459
FL

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Robert Truax

NEW Registered Office Address:

1414 County Rd 283 S, Suite D

Santa Rosa Beach 32459
FL

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.

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.

Signature of Registered Agent