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## **COVER LETTER**

TO: Registration Section

Divi	ision of Corporations						
SURIFCT:	Salt Republic, LLC.		•				
Name of Limited Liability Company							
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.				
Please returr	n all correspondence concerning	this matter to the	following:				
Kristina Hase							
	Name of Person						
Salt Republic	c, LLC.		202 St				
	Firm/Company		TALL				
4047 NW 13	th Ave		THE -S				
	Address		2024 DEC -3 PM 1:30 SECRETARY OF STATE FALLAHASSEE, FL				
Cai aaaaina i	Ft 13/05						
Gainesville,	City/State and Zip Code		— PA 30				
saltrepublic@	ilyahaa cam						
	address: (to be used for future a	nnual report notif	īcation)				
For further i	information concerning this matte	er, please call:					
Kristina Hase	elier	at ( 863	\ 8993979				
	Name of Person	at (_ <del>005</del>	Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the following	ng amount:					
<b>s</b>	325 Filing Fee	□ <b>\$</b>	55 Filing Fee & Certified Copy				
INHS18 (2/1-	4)						

## 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.

i. N	ame of the limited liability company: Salt Republic, LLC	J				
2. (a)	Kristina Haselier		(b) Kristina Ha	aselier		
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability (Note: MAY BE POST OFFICE		
	4047 NW 13th Ave	_	4047 NW 1	13th Ave		
	Gainesville, Fl. 32605	_	Gainesville	e, FL 32605		
	06/12/2023	-	1.230002824	<b>!</b> []		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	UNITED STATES CORPORATION AGENTS, INC.					
(	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of State	- ::		
	UNITED STATES CORPORATION AGENTS, INC.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(S.S.)</u>	-		
	476 RIVERSIDE AVE			s <u>2</u>		
		32202		2024 DEC -3 SECRETARY		
(b)	Kristina Haselier  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			EC -3 PH 1: 30 TARY OF STATE AHASSEE, FL	Constitution of the second of	
	NEW Registered Office Address:			- m 0		
	4047 NW 13th Ave		<del></del>	-		
	Gainesville, FL_	32605				
chang agent was/v	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	s of the limited in the limited	ered office and company, it is imited liability I liability com	d the business office of the rest hereby confirmed that the c y company or as otherwise papany.	gistered hange(s)	
	4.50	<u>K</u>	ristina Haselier			
I her provi, the ol to me notific	ature of a member or authorized representative of a member  why accept the appointment as registered agent and agre-  sions of all statutes relative to the proper and complete paigations of my position as registered agent as provided  rely reflect a change in the registered office address. I have a first change in the complete of the second agent as provided  and in writing of this change.	re to a perfor for in ereby	ect in this capa mance of my d a Chapter 605, confirm that th	Printed or typed name of signee acity. I further agree to completies, and I am familiar with F.S. Or. if this document is the limited liability company	oly with the and accept being filed has been	
Signat	ure of Registered Agent					