

# M22000013558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

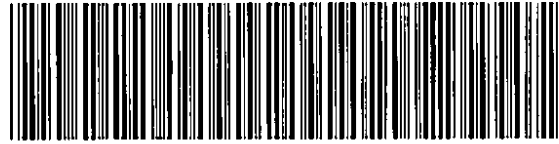
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500392402425

FILED

2022 NOV 10 AM 8:59

STATE OF FLORIDA  
TALLAHASSEE, FL

2022 NOV 10 AM 11:30

STATE OF FLORIDA  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2022

CSC

SUBJECT: SALA & ASSOCIATES, LLC  
Ref. Number: M22000013558

**RESUBMIT**  
Please give original  
submission date as file date.

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

The Registered Agents address is not correct.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III


Letter Number: 622A00025287

RECEIVED  
2022 NOV 14 PM 4:06  
TALLAHASSEE, FL 32314

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 096174 7826847

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : November 2, 2022

ORDER TIME : 8:36 AM

ORDER NO. : 096174-015

CUSTOMER NO: 7826847  
-----

CHANGE OF AGENT

NAME: SALA & ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Sala & Associates, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

c/o Legal Dept., Integrity Marketing Group, LLC

1445 Ross Avenue, Floor 22

Dallas, TX 75202

2. The Florida document number of this limited liability company is: M22000013558

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/30/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

Alexis Weibel assistant vice president

If Changing Registered Agent, Signature of New Registered Agent

STATE  
TALLAHASSEE, FL

2022 NOV 10 AM 8:59

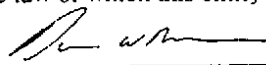
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Compass Exchange Group, LLC	96112 Northchase Drive Fernandina Beach, FL 32034	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Member	Sala & Associates, LLC	c/o Legal Dept., Integrity Marketing Group, LLC 1445 Ross Avenue, Floor 22, Dallas, TX 85202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Nestor Sala	96112 Northchase Drive Fernandina Beach, FL 32034	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Authorized Person	Duncan McQueen	c/o Legal Dept., Integrity Marketing Group, LLC 1445 Ross Avenue, Floor 22, Dallas, TX 85202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Duncan McQueen

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2022 NOV 10 AM 8:59  
TALLAHASSEE, FL  
SEAL OF THE  
CLERK OF THE  
COURT