## N08341

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: SALTY ACRES CONDOMINIUM ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N08341 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shana J. Shields Name of Contact Person Law Offices of Wells | Olah | Cochran, P.A. Firm/Company 3277 Fruitville Road, Building B Address Sarasota, FL 34237 City/State and Zip Code kwells@kevinwellspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 941 ) 366-9191 Area Code & Daytime Telephone Number Shana J. Shields Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	inge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of $\frac{\Gamma}{2}$ rgistered agent, or both, in the State of F	Florida
	5 6	<u>,                                     </u>	ioriaa.
	the corporation: SALTY ACRES CON		2
2. The principal	office address: MEXI	CO DRIVE, LONGBOAT KEY, FL 3422	
3. The mailing :	address (if different): 3547 53rd Ave V	V #134, Bradenton, FL 34210	
4. Date of incor	poration/qualification: 03/25/1985	Document number: N08341	<del></del>
5. The name an		red agent and registered office on file wi	
	THE LAW OFFICES OF KEVIN T.	WELLS, P.A.	_
	1800 SECOND ST STE 808		
	Sarasota, FL 34236		-
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered off	rice
	Law Offices of Wells   Olah   Cochran	, P.A.	-
	3277 Fruitville Road, Building B		
	Sarasota, FL 34237	). Box NOT acceptable	27
		reet address of the business office of its	***
Such change w authorized by t	as authorized by resolution duly ado he board, or the corporation has been	opted by its board of directors or by an notified in writing of the change.	officer so
Ū	re of an officer or director	Printed or typed name and tit	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the the filed merety to reflect a change is s been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb nge.	plete performance I agent. Or, if this by confirm that the
1	77/1/	11/3/2021	
	nature of Vegistered Agent	Date	
If signing on be	chalf of an entity:		
Kevin T. Wells	om ad an Deinstad Name		
1	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*