

PD60000104018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

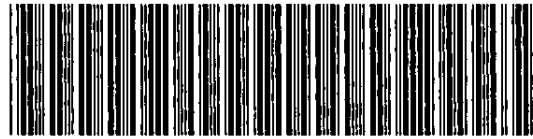
(Business Entity Name)

(Document Number)

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

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10/01/12--01035--006 \*\*35.00

12 NOV - 5 AM 9:11

RA/RO/CH8  
@ 11/6/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **SG ST PETE INC**

Name of Corporation

**DOCUMENT NUMBER:** **P06000104018**

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:

**Clemente Diiorio**

Name of Contact Person

**Salems Franchise Company, LLC**

Firm/Company

**11007 N.56th Street, Suite 209**

Address

**Temple Terrace, Florida 33617**

City/State and Zip Code

**SFC@SFCFL.COM**

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

For further information concerning this matter, please call:

**Clemente Dilorio**

Name of Contact Person

at ( **813** ) **898-2848**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2012

CLEMENTE DIORIO  
SALEMS FRANCHISE COMPANY, LLC  
11007 N. 56TH STREET - SUITE 209  
TEMPLE TERRACE, FL 33617

SUBJECT: SG STPETE INC  
Ref. Number: P06000104018

We have received your document for SG STPETE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 812A00024515

RECEIVED  
12 NOV -5 AM 8:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SG ST PETE, INC
2. The principal office address: 11007 N. 56TH STREET, SUITE 209,  
TEMPLE TERRACE, FLORIDA 33617
3. The mailing address (if different): 11007 N. 56TH ST., SUITE 209  
TEMPLE TERRACE, FL 33617
4. Date of incorporation/qualification: 08/10/2006 Document number: P06000104018
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KAYALI & CO, P.A.

13250 N. 56TH ST. SUITE 102

TAMPA, FL 33617

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CLEMENTE DIORIO

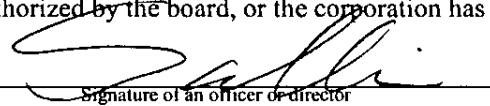
11007 N. 56TH ST, SUITE 209

P.O. Box NOT acceptable

TEMPLE TERRACE, FL 33617

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

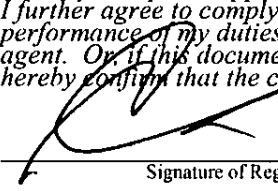
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

SALEM GHARSALLI

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

SEPTEMBER 14, 2012

Date

If signing on behalf of an entity:

Clemente Diorio  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

12 NOV - 5 AM 9:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA