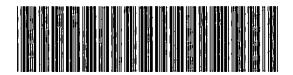
## P100000041004

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: SG MANATEE AVE INC

Name of Corporation

DOCUMENT NUMBER:

P10000061004

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

,813

898-2848

Name of Contact Person

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



October 3, 2012

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

SUBJECT: SG MANATEE AVE INC Ref. Number: P10000061004

We have received your document for SG MANATEE AVE 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: 612A00024516

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

4		zed under the laws of the State of FLORIDA
in order	r to change its registered office or register	ed agent, or both, in the State of Florida.
1. The name of t	he corporation: SG MANATEE AVE	E, INC
2. The principal	office address: 11007 N. 56TH STI	REET, SUITE 209,
·	TERRACE, FLORIDA 33617	
3. The mailing a	ddress (if different): 11007 N. 56TH	ST., SUITE 209
TEMPLI	E TERRACE, FL 33617	
4. Date of incorp	poration/qualification: 07/26/2010	Document number: P10000061004
	I street address of the current registered ag tment of State: (If resigned, enter resigned	
	KAYALI & CO, P.A.	
	13250 N. 56TH ST. SUITE 10	2
	TAMPA, FL 33617	
6. The name and (if changed):	street address of the new registered agent	
	CLEMENTE DIIORIO	19 Secretable
	11007 N. 56TH ST, SUITE 20	9
	P.O. Box NOT's	cceptable 7
	TEMPLE TERRACE, FL 3361	<u>'</u>
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent;
Such change was authorized by the	as authorized by resolution duly adopted to board, or the corporation has been notified.	by its board of directors or by an officer so fied in writing of the change.
		SALEM GHARSALLI
Signatu	re of an officer or director	Printed or typed name and title
I hereby accept I further agree to performance of agent. O, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	agree to act in this capacity. tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change.
1		SEPTEMBER 14, 2012
Sig	nature of Registered Agent	Date
Clem	chalf of an entity:	

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