

P120000039953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

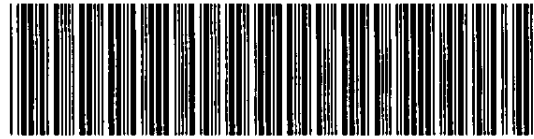
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/12--01035--001 **35.00

12 NOV - 5 AM 9:05
DIVISION OF CORPORATIONS

R A / R O / C H S
10 11/6/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SG AUB, INC

Name of Corporation

DOCUMENT NUMBER: P12000039953

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 AUB, INC.
Ref. Number: P12000039953

We have received your document for SG AUB, 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: 012A00024517

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 AUB, 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: 06/01/2012 Document number: P12000039953
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

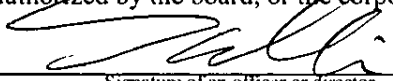
11007 N. 56TH ST, SUITE 209

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.

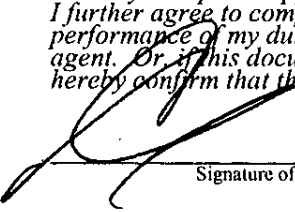


Signature of an officer or director

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)

RECEIVED
SEP 14 2012
11:05 AM
FIDELITY & SWEENEY