

PI6 00000000 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

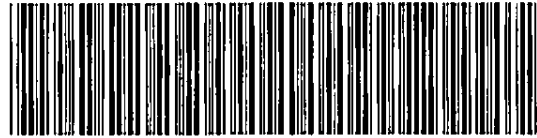
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FL

SEP 06 2019
C. K.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SALERNO FINANCIAL GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P16000000889

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:

JOSEPH M. SALERNO
Name of Contact Person

SALERNO FINANCIAL GROUP, INC.
Firm/Company

970 LAKE CARILLON DR., STE. 300
Address

ST. PETERSBURG, FL 33716
City/State and Zip Code

JSALERNO63@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH M. SALERNO at (727) 967-5410
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

**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: SALENO FINANCIAL GROUP, INC.
2. The principal office address: 970 LAKE CARLTON DR., STE. 300
ST. PETERSBURG, FL 33716
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/31/15 Document number: PI6 000000889

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)

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD., STE. 36
ORLANDO, FL 32822

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

JOSEPH M. SALENO
600 RESERVE LANE
P.O. Box NOT acceptable
DUNEDIN, FL 34698


SECRET
TALLAHASSEE, FL

2019 AUG 26 AM 11:08

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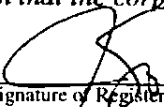
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JOSEPH M. SALENO
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

8/23/19
Date

If signing on behalf of an entity:

JOSEPH M. SALENO
Typed or Printed Name

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