

# PI6 0000000889

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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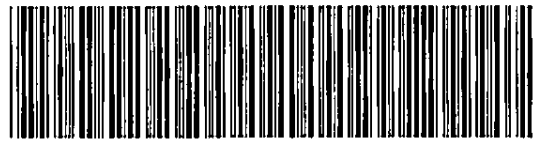
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## 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: SALEMO 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. SALEMO  
600 RESERVE LANE  
P.O. Box NOT acceptable  
DUNEDIN, FL 34698

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SECRETARY OF STATE

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]  
Signature of an officer or director

JOSEPH M. SALEMO  
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]  
Signature of Registered Agent

8/23/19  
Date

If signing on behalf of an entity:

JOSEPH M. SALEMO  
Typed or Printed Name

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