P16000027236

{κε	equestor's Name)	
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ Name	BJECT: SALTMATES, INC.			
	•			
DOC	CUMENT NUMBER: P16000027236	<u> </u>		
The e	enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please	ase return all correspondence concerning this matter to	the following:		
	,	J		
JAS	SON G BLILIE			
Name	ne of Contact Person			
	IE LAW OFFICE OF JASON G. BLILIE, PLLC			
Firm/	n/Company			
	9 LENOX AVENUE			
Addr				
	AMI BEACH, FL 33139			
City/	y/State and Zip Code			
_	JASON@BLILIELAW.COM			
E-mail address: (to be used for future annual report notification)				
For f	further information concerning this matter, please call	:		
JAS	SON G BLILIE	817 \ \919-4110		
<u> </u>	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclo	losed is a \$35.00 check made payable to the Departme	nt of State.		
		reet Address: nendment Section		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

1

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this page is submitted for a corporation organized under the laws of the State of FLORIDA	
	r to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of t	the corporation:SALTMATES, INC.	
	office address: 1919 SE 10th AVENUE, APT 1142	_
-	PERDALE, FL 33316	_
	address (if different):	
_	poration/qualification: 03/28/2016 Document number: P16000027236	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	BLILIE LAW	
	350 LINCOLN RD, SECOND FLOOR	
	MIAMI BEACH, FL 33139	7.7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	1, 1, 1, 1, 3
	THE LAW OFFICE OF JASON G. BLILIE, PLLC	23
	429 LENOX AVENUE	Pii 12:
	P.O Box NOT acceptable	2: 5
	MIAMI BEACH, FL 33139	+
The street address changed will	ess of its registered office and the street address of the business office of its registered age I be identical.	nl,
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so	
		Céc
	ure of an officer of director Printed of typed name and title	_
I hereby accept I further agree of my duties, ar document is be corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if the filed merely to reflect a change in the registered office address, I hereby confirm that is seen notified in writing of this change.	nce his the
Sig	granure of Registered Agent Date	_
,	chalf of an entity:	
Jason Bl:		
Т	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 (04/13)