P170000 49849

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

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Salt Breed Inc. Name of Corporation

P17000049849

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:

Daniel Rice Name of Contact Person Salt Breed Inc. Firm/Company 432 Hawthorne Court. Address Indian Harbour Beach, FL. 32937 City/State and Zip Code

saltbreed@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Rice

321 412-5768
Area Code & Daytime Telephone Number Name of Contact Person

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**

statement of cha	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Flor ation organized under the laws of the State ce or registered agent, or both, in the State	of Florida
	the corporation: Salt Bree		
2. The principal	office address: 432 Hawti	norne Court; Indian Harbour B	Beach, FL. 32937
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/0	6/2017 Document number: P17	7000049849
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on fi nter resigned)	le with the
	UNITED STATES C	ORPORATION AGENTS, INC	<u> </u>
	13302 WINDING OAK	COURT Suite A TAMPA, FL 33612	2
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registere	
		ndian Harbour Beach, FL. 32937-2	
		P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and be identical.	the street address of the business office	of its registered agent,
Such change wa authorized by the	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by as been notified in writing of the change.	an officer so
<u></u>		Daniel Rice; VP	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been	Printed or typed name as d agent and agree to act in this capacity. It is a capacity of all statutes relative to the proper and with and accept the obligation of my posterely to reflect a change in the registered of notified in writing of this change. 7/11/2019	complete ition as registered
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314

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