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COVER LETTER

TO: Amendment Section Division of Corporations The Salgado Investment Group Inc. P17000099317 DOCUMENT NUMBER: 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: John Salgado Name of Contact Person The Salgado Investment Group Firm/Company 994 Nw 53 street Address Fort Lauderdale FI 33309 City/State and Zip Code jsalgado@cityplywood.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Salgado

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

 The name of 	of the corporation: The Salgado Inv	estment Group Inc	
2. The princip	pal office address: 994 Nw 53 stree	t Fort Lauderdale Fl 33309	
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 12/15/2017	7	7
5. The name a		d agent and registered office on file with the	
	John Salgado		
	994 NW 53 Street		
	Fort Lauderdale FI 33309		
6. The name (if changed		gent (if changed) and /or registered office	19.1 11.11.11.11.11.11.11.11.11.11.11.11.1
	Pedro Luis Salgado		
	994 NW 53 street	NOT acceptable	5 S
	Fort Lauderdale FI 33309		FH 8:
The street ac	Idress of its registered office and the strevill be identical.	neet address of the business office of its registered	d agent Fr
authorized b	y the board, or the corporation has been	notified iff writing of the change.	
	mature VI an officer or director	John Salgado (P) Printed or typed name and title	
Thereby acc Tfurther agr performance	ept the appointment as registered agent ee to comply with the provisions of all s of my duries, and ham familiar with an	idines reduce to the property the obligation of my position as registe to the obligation of my position as registered office address.	red I
hereby confirm that file corporation has been notified in writing of this change. 06/01/2019			
	Signature of Registered Agent	Date	

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