vision of Corporations **Electronic Filing Cover Sheet**

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(((H24000360125 3)))



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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

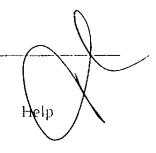
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REGISTERED AGENT CHANGE SALTSHIELD, INC.

Certificate of Status	0
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10/29/2024 08:53:34 PDT To: 18506176380 Page: 2/2 Fax: 8134365206

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

•	•	, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ion organized under the laws of the State of <mark>Florida</mark>	'iis
		or registered agent, or both, in the State of Florida.	
	he corporation: Saltshield, Inc.		
2. The principal	office address: 355 Cox Road Co	ocoa FL 32926 US	
3. The mailing a	ddress (if different); 355 Cox Re	oad Cocoa FL 32926 US	<u></u>
4. Date of incorp	oration/qualification: 01/20/20	Document number: P22000007345	
	street address of the current reptiment of State: (If resigned, ent-	gistered agent and registered office on file with the cr resigned)	
	MONAGHAN, MATTHEW J, ESC	a.	
	96 WILLARD STREET STE. 302		267
	COCOA, FL 32922		30 %
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office	2024 (107 29 1
	Registered Agents Inc		EH 10: 01
	7901 4th St N STE 300		0
		P.O. Boy NOT acceptable	
	St. Petersburg FL 33702	<u> </u>	
_		he street address of the business office of its registere	
Such change wa authorized by th	s authorized by resolution dul- e board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Luga	n Queen.	Susan Queen - VP	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered or comply with the provisions o	agent and agree to act in this capacity. If all statutes relative to the proper and complete perfolion as registered agent. (In the registered office address, I hereby confirm	formance Or, if this i that the
Dold Rooms		10/29/2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Į,	ped or Printed Name		

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