

P22 0000 72795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

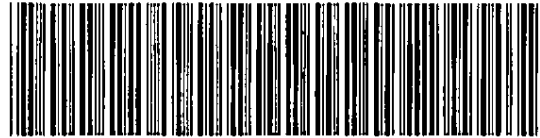
(Business Entity Name)

(Document Number)

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2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salt Life Sales, Inc
Name of Corporation

DOCUMENT NUMBER: 700 394 758 957

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:

Thomas Ritter

Name of Contact Person

Salt Life Sales, Inc

Firm/Company

4913 Terrapin Blvd

Address

St. Cloud, FL 34771

City/State and Zip Code

rittr2tr@gmail.com

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

For further information concerning this matter, please call:

Tracy Hensel

Name of Contact Person

at (407) 957-9686

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Salt Life Sales, Inc.
2. The principal office address: 4913 Terrapin Blvd, St. Cloud,
FL 34771
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 9/19/22 Document number: 700394758957
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)

Thomas Ritter
4913 Terrapin Blvd
St. Cloud, FL 34771

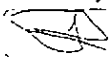
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracy Hensel, M.D., J.D.
701 13th Street
P.O. Box NOT acceptable
St. Cloud, FL 34769

2022

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.

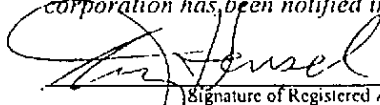


Signature of an officer or director

Thomas Ritter

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 of Registered Agent

9/22/2022

Date

If signing on behalf of an entity:

Tracy Hensel

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)

eSignature Details

Signer ID:	K8h1PnV6YyJnmGh27ZbU63sV
Signed by:	Thomas Ritter
Sent to email:	ritt2tr@gmail.com
IP Address:	68.202.224.23
Signed at:	Sep 22 2022, 8:48 pm EDT