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Office Use Only



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O SIMMONS APR 1 4 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/13/2020	_	#WALK IN#
ENTITY NAME SILBE	RPFEIL CORP.	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFICA		
TOTAL OWED \$35.00	ACCOUNT # 120140000108 / United Corporate Services, Inc.	al
Please call Tina at	the above number for any issues or concerns. Thank you s	o much!

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

statement of cha	unge is submitted for a corporatio	817.0502, 607.1508, or 617.1508, Florida Statutes, th n organized under the laws of the State of <mark>Delawarc</mark> r registered agent, or both, in the State of Florida.	is
1. The name of	the corporation: SILBERPFEIL C	ORP.	
2. The principal NEW YORK, N	office address: 66 WHITE STREE	T - UNIT 501	
3. The mailing a	iddress (if different):		
4. Date of incorp	poration/qualification: 10/31/201	Document number: F13000004735	
5. The name and		stered agent and registered office on file with the	
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLAND RO	AD	2020
	PLANTATION, FL 33324		2020 APR 13
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	13 AM
	United Corporate Services, Inc.		7 : 4
	9200 South Dadeland Blvd Suite	: 508	8
		P.O. Box NOT acceptable	
	Miami, Florida 33156		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registere	d agent,
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
M	ario Garrola	Mario Gazzola	
Signatu	ire of an ovices of director	Printed or typed name and title	
I hereby accept I furthér agree of my duties, ar document is be corporation ha	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete perf the obligation of my position as registered agent. C ge in the registered office address, I hereby confirm change.	formance Or, if this that the
	Jim Nash Inature of Registered Agent	4/10/2020	
8	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Jim Nash		_	
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 * * *

CR2E045 (04/13)