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7	gistration Section //rision of Corporations	en e
SUBJECT	: SILVER and	Associates Realty Ced Liability Company
	Traine of Differ	ou blacking company
Dear Sir or	Madam:	
The enclose	ed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to	the following:
	Karen J SILVEO Name of Person	
	SILVER AND A	sociates Real ty LLC
	188 Goldan Gr Address	ATE Point # 102
	Sarasota Fl City/State and Zip Code	<u>3</u> 4236
E-mai	address: (to be used for future annual report	ER O gmail (6m)
For further	information concerning this matter, please cal	1:
Hare	Name of Person at (S	71) 2336663 Area Code & Daytime Telephone Number
Reş Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building b1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
En	closed is a check for the following amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Name of the limited liability company: N. Franki (b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 0600015923 Date of filing/registration in Florida 3. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address DIVISION OF CORFORATIONS (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change

Signature of Registered Agent