P03000152609

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
. (Document Number)					
Certified Copies Certificates of Status					
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SEURETARY OF STATE
FALL AHASSEE, FLORID,

R.A.

B NOV - 3 2009

COVER LETTER

TO: Amendment Section Division of Corpora						
SUBJECT:	SYL ENTERPR	RISES INC.				
DOCUMENT NUMBER:	P03	000152609				
The enclosed Statement of C	Change of Registered Offic	e/Agent and fee are subm	itted for filing.			
Please return all correspond	ence concerning this matter	r to the following:				
	ESTHER Name of Co	HANNA ntact Person	·			
SYL ENTERPRISES INC.						
	Firm/Co	ompany				
3926 194TH LN Address						
GOLDEN BEACH, FL 33160 City/State and Zip Code						
JHODARA@AOL.COM E-mail address: (to be used for future annual report notification)						
For further information cond	erning this matter, please of	all:				
JANETTE	MINKOVES	at (305)	936-9655			
Name of Cor	ntact Person		ime Telephone Number			
Enclosed is a \$35.00 check to	made payable to the Depart	ment of State.				
Am Div P.C	iling Address: pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	ection orporations ing ve Center Circle			

TO:

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

statement of cha	nge is submitted for a c	orporation organized	07.1508, or 617.1508, Fl I under the laws of the Sta	ite of
in order	r to change its registere	d office or registerea	l agent, or both, in the Sta	nte of Florida.
	he corporation: SYL		·•	
2. The principal	office address: 1684	NE 205 TERRA	CE	
	MIAM	l, FL 33179		
3. The mailing ac	ddress (if different): 3	926 194TH LN		
	(SOLDEN BEACH	ł, FL 33160	
4. Date of incorp	oration/qualification: _	12/16/2003	_ Document number:	P03000152609
	street address of the cu ment of State: (If resign		t and registered office on	file with the
	SILVANO GAE	BBAI (resigned)		
	3926 194th L	N		700
,	Golden Beach	, FL 33160		TALLAHASS
6. The name and (if changed):	street address of the ne	w registered agent (if	f changed) and /or register	Cu Ullican - C
	JANETTE M	INKOVES	_	PHIZ: OF PHIZ: OF STATE
3926 194th LN				
	Colden Door	P.O. Box NOT acc	eptable	
,	Golden Beac	h, FL 33160	<u> </u>	, i - , i -
The street address as changed will	ss of its registered office be identical.	ee and the street add	ress of the business offic	e of its registered agent,
Such change was authorized by the	s authorized by resolut e board, or the corpora	ion duly adopted by tion has been notifie	its board of directors or ed in writing of the chang	by an officer so ge.
Signature	e of an officer or director	- -	ESTHER Printed or typed nan	HANNA - VP
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as reg o comply with the prov I I am familiar with an ag filed merely to reflect been notified in writin	istered agent and ag isions of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacit relative to the proper ar ion of my position as reg gistered office address, l	ty. id complete performance ristered agent. Or, if this I hereby confirm that the
tucking 5			OCTOBER	27, 2009
Sign	ature of Registered Agent		Date	
If signing on beh	nalf of an entity:			
туј	ped or Printed Name			

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