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TO: Registration Section Division of Corporations							
SILVER VENTURES, LLC SUBJECT:							
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cl	range and fee(s) are submitted for filing.						
Please return all correspondence concerning this mat	ter to the following:						
Remi Deray							
Name of Person							
Silver Ventures, LLC							
Firm/Company							
5911 SW 39th Ave							
Address							
Fort Lauderdale, FL 33312							
City/State and Zip Code							
jeremyderay@icloud.com							
E-mail address: (to be used for future annual re	port notification)						
For further information concerning this matter, pleas	e call:						
Remi Deray	305 761-9341						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount	unt:						
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

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 Florida.

I. Na	ame of the limited liability company: SILVER VENTU	JRES,	LLO	J		
2. (a)	5911 SW 39th Ave		(b	5911 SW	V 39th Ave	
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(()	/	-	f limited liability company: E POST OFFICE BOX)
	Fort Lauderdale, FL 33312			Fort Lau	derdale, FL 33312	
	July 6, 2015	_		1.1500011	6168	
.i.	Date of filing/registration in Florida	4.			Document nun	nber
5. (a)	Tax & Accounting Office Inc					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3113 Stirling Rd, Ste 203					
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	RESS	1		
(b)	Fort Lauderdale , FI	3331	12		_	202
	Daniel Y. Gielchinsky PA					2020 DEC -7
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	1132 Kane Concourse, Suite 204				PH 5:	
	NEW Registered Office Address:					O
	Bay Harbor Islands	3315	54			
change agent v was/wa the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of the operating agreement of the	regis ability of the limite	stere y co lim ed li	d office a mpany, it ited liabil	and the business of is hereby confirmity company or a suppany.	office of the registered med that the change(s) as otherwise provided in
Signa					Printed or typed	-
pkaxist the obl to merc notifie	by accept the appointment as registered agent and agreem of all statutes relative to the proper and complete lighteness of my position as registered agent as provide ely reflect a change in the registered office address. It in writing of this change.	perto	rmc	ince of my	eduties, and Lan	n familiar with and accept
	Daniel Gielchinsky					
Signatu	re of Registered Agent					