

4/26/2018

Division of Corporations

FILED
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000131669 3)))



H180001316693ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
SILVERPOINT, LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2018 APR 26 PM 1:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 APR 26 AM 10:13

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Silverpoint, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/10/2011

Date of filing/registration in Florida

3. A11000000438

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AM&E Services LLC

Name

605 E. Robinson Street Suite 730

Address

Orlando, FL 32801

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Northwest Registered Agent, LLC.

Name

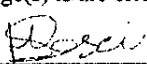
3030 N. Rocky Point Dr. STE 150A

Florida street address (P.O. Box not acceptable)

Tampa FL 33607

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
18 APR 26 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA