A1200000508

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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: SILVERMAN VENTURES, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A 1200000508 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: STEVEN SILVERMAN

Contact Person

SILVERMAN VENTURES, LLLA

Firm/Company 5742 NW 24th AVE, #502 BOCA RATON, FL 33496

City, State and Zip Code Tow53 @ qol.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN SILVERMAN at (561) 239-7342

Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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. SILVERMAN VENTURES, LLLP Name of Limited Partnership or Limited Liability Limited Partnership
2. 8/29/2012 Date of filing/registration in Florida 3. A/200000508 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:
,
TES REGISTERED AGENTS, LLC Name 4855 TECHNOLOGY WAY, #720 Address BOCA RATON FL 33431 City, State and Zip
BOCA RATON FL 33431 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
STEVEN SILVERMAN Name
5742 NW 24 th Ave, #502 Florida street address (P.O. Box not acceptable)
Boca Raton FL 33496 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 antifamiliar withan accept the obligations of my position as registered agent.

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00