

A.30999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

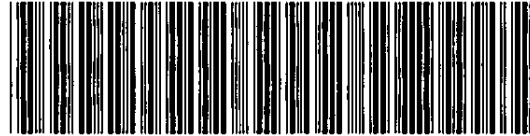
(Business Entity Name)

(Document Number)

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J. HARRIS

Cathi Wall
217.469.5225 - Direct Dial
855.450.7774 - Facsimile
cathi.wall@InfinityPSGI.com

November 20, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Silverhunt Associates, Ltd.

Dear Sir or Madam:

Enclosed for filing is the Change of Registered Agent/Office for the above-referenced entity and check in the amount of \$35.00.

Please file at your earliest opportunity and return the file-stamped copy to me at the below address.

If you have any questions or need anything else to process this filing, please do not hesitate to contact me at the above number.

Sincerely,



Cathi Wall

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silverhunt Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A30999

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:

C. Wall

Contact Person

Infinity Professional Services Group Inc.

Firm/Company

600 S. Second St., Suite 104

Address

Springfield, IL 62704

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Wall

Name of Contact Person

at (217)

Area Code and Daytime Telephone Number

645-6457

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. Silverhunt Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/27/1990 3. A30999
Date of filing/registration in Florida 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:

NRAI Services, Inc.
Name
1200 South Pine Island Road
Address
Miami, FL 33324
City, State and Zip

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

Registered Agent Solutions, Inc.
Name
155 Office Plaza Drive, Suite A
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]
Signature of General Partner Jonathan Silverman

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]
Signature of Registered Agent Brenda David,
Asst Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50