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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Jodette Hamilton jhamilt2@cscinfo.com

Date: July 31, 2013

Order#: 733061-008

Re: SILVERPOP SYSTEMS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Jodette Hamilton c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.	
1. The name of	the corporation: SILVERPOP SY	STEMS INC.	
2. The principal	l office address: ria Parkway, Suite 1000, Atlan		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 09/29/200	5Document number:F05000005602	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	C T Corporation System		
	1200 South Pine Island Road		٠,.
	Plantation, FL 33324	<u> </u>	:2! :5:
6. The name an (if changed):		agent (if changed) and /or registered office	漢語
	Corporation Service Compan	ny	
	1201 Hays Street		
	P.O. Box Tallahassee, FL 32301	NOT acceptable	
The street addr		reet address of the business office of its registered agent	,
Such change w authorized by t	as authorized by resolution duly ado he board, or the corporation has been	opted by its board of directors or by an officer so n notified in writing of the change.	
()c	4 d	Dona Priebe, Vice President	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	f mv duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I led in writing of this change.	
By: Plunk	gnature of Registered Agent	07/22/2013 Date	
If signing on bo	ehalf of an entity:		
	Dawson, Asst. Vice President Typed or Printed Name		
	- J		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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