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Division of Corporations Fax Number : (850)617-6380

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REGISTERED AGENT CHANGE	
SILVERVINE INC.	

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: SILVERVINE INC.

2. The principal office address: 201 Byrd Court, Warner Robins, GA 31088

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 02/24/2015 Document number: F09000001174
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United Agent Group Inc.

801 US Highway E

P.O. Box: NOT acceptable

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Adia Myles	Adia Myles, Attorney-in-Fact	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered I further agree to comply with the provisions o	agent and agree to act in this capacity. I all statutes relative to the proper and comple	te performance
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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address. I hereb corporation has been notified in writing of this change.		$\begin{array}{ccc} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} $
Adia Myles	1/29/2025	20 20 20
Signature of Registered Agent	Date	

If signing on behalf of an entity:

Adia Myles, Special Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)