10/25/17 10:27AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg_2/4



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S TALLENT

OCT 26 2017

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : 1 ISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 ; (888)706-7274 Fax Number

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

Email Address:_

REGISTERED AGENT CHANGE SILVERCAR, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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10/25/17 10:27AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 3/4



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SILVERCAR, INC.
Name of Corporation
DOCUMENT NUMBER: F14000001812
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARGOT MULLIN Name of Contact Person
Registered Agent Solutions, Inc.
1701 Directors Blvd, Ste 300
Austin, TX 78744
notices@rasi.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MARGOT MULLIN Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

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

Name of Contact Person

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

:

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida 3 organized under the laws of the State of _ egistered agent, or both, in the State of F	DELAWARE	
1. The name of t	he corporation: SILVERCAR, II	NC		
2. The principal AUSTIN,	office address: 712 CONGRES	S AVE., STE 201		
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 04/24/201	4 Document number: F1400	0001812	
5. The name and		ered agent and registered office on file w	ith the	
·	CORPORATION SERVICE	E COMPANY		
	1201 HAYS STREET TALLAHASSEE, FL 32301		17 OCT 25	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered of	ARY OF STANSSEF FLORING	
	Registered Agent Solutio	ns, Inc.	10: 03	بي
	155 Office Plaza Dr., Suit		03	
	Tallahassee, FL 32301	rc NOT acceptable		
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of it	ts registered age	nt,
		opted by its board of directors or by an en notified in writing of the change.		
/s/ CHRIS		CHRIS DONUS	CFO	
I hereby accept I further agree	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with its document is being filed merely to the provisions of all the provisions of all my duties, and I am familiar with the sorporation has been noting the corporation that the corporation th	Printed a typed name and tite int and agree to act in this capacity. It statutes relative to the proper and con and accept the obligation of my position or reflect a change in the registered office fied in writing of this change. 10/19/2017	nplete n as registered	
Sų	ganton of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·	•
If signing on be	that of an entity:			
Justine Karr	nell - Assistant Secretary			
	••	G FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)