F21000014560

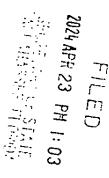
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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04/23/24--01013--013 **35.00



COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: SILA MONEY INC. of Corporation	
Name	of Corporation	
DOC	UMENT NUMBER: F21000001456	
The ea	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Pleaso	return all correspondence concerning th	is matter to the following:
Ed Ts	uji	
Name	of Contact Person	1 11 1 S. A. A. A. B. TOLOGO. 1
МуСа	impanyWorks, Inc.	
Firm/0	Company	
187 E	Warm Springs Rd Ste B	
Addre	rss	
Las V	egas NV 89119	
City/S	state and Zip Code	
	notice@rasi.com	
E-ma	il address: (to be used for future annu-	al report notification)
For fu	rther information concerning this matter,	please call:
Ed		362-2677
	Name of Contact Person	at (702) 362-2677 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tatianassee, T.E. J.2.J.14	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: SILA INC.		
	office address: 1022 NW Marshall S	treet, Suite 480	
3. The mailing a	ddress (if different):		
4. Date of incorp	4. Date of incorporation/qualification: 01/27/2021 Document number: F21000001456		
	I street address of the current regist tment of State: (If resigned, enter t	ered agent and registered office on file with the esigned)	
	UNITED CORPORATE SERVICE	S, INC.	
9200 S. DADELAND BLVD., STE. 508			
	MIAMI, FL 33156		
6. The name and (if changed):	MIAMI, FL 33156 I street address of the new registered agent (if changed) and /or registered office Registered Agent Solutions, Inc. 2894 Reminuton Green Ln., Ste. A. Tallahassee, EL 32308		
	Registered Agent Solutions, Inc.		
	2894 Remington Green Ln., Ste. A, Tallahassee, FL 32308		
		P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
/s/ Michael Fitzpatrick		Michael Fitzpatrick, President	
	re of an officer or director	Printed or typed name and title	
I further agrée i of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance to obligation of my position as registered agent. Or, if this to in the registered office address, I hereby confirm that the tange.	
/s/ Ricardo Orozco, Assistant Secretary		02/29//2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ricardo Orozco, Assistant Secretary			
Typed or Printed Name			

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