10300000 7010

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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C03-7010		707

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SILKEY LLC (Name of corporation)	
DOCUMENT NUMBER: 403 00000 7010	
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:	
CARLOR EAGRIFFE	
(Name of contact person)	
SILKEY UC (Firm/Company)	
(Firm/Company)	
11021 Bait	
U831 vn 99 ot (Address)	
Miani F1 33178	
(City/state and zip code)	
For further information concerning this matter, please call:	
205 332 4/5/	
(Name of contact person) at (305) 333-4(156) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations F. C. Baines Street	
Mailing Address: Street Address:	
Amendment Section Amendment Section Division of Corporations Division of Corporations —	
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	

FOR CORPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0302, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 5/LKey, LLC
2. The principal office address: 7780 NW 25 A
Migmi, FL 3>122
3. The mailing address (if different): YP>1 ~~ 99ct
84/66 73 impin
4. Date of incorporation/qualification: 02-25-03 Document number: Lo3 0000 7010
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
morton silver
24000 tennessae lol
Honestern, FL 33071
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4831 nu 992t
(P.O. Box NOT acceptable)
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.
(Printed or typed name and file)
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 obligation of my position as registered agent. Or, if this document is being filed pierely to reflect a change in the registered office address, I hereby confirm that the corporation has been positied in writing of this change.
11-02-04
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Corlor Colrellew
(Typed or Printed Name)