## L04000033408

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(Address)					
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(Cit	ty/State/Zip/Phor	ne #)			
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SECRETARY OF STATES

C. LEWIS

JUL 14-2010

EXAMINER

## COVER LETTER

TO: Registration Division of C						
SUBJECT: SILVER STREET PROPERTIES, LLC  Name of Limited Liability Company						
	Name of E	ımıtea	Liabii	ну Соп	ірапу	
Dear Sir or Madam:						
The enclosed Regist	ered Agent/Registered O	ffice C	hange	and fee	(s) are submitted for filing.	
Please return all cor	respondence concerning t	his ma	itter to	the foll	owing:	
	Danielle Parks					
	Name of Person	<u>-</u>	•	_		
0.1	t a touristic DIO					
Scne	enk & Associates, PLC Firm/Company			_		
g	95 N. Collier Blvd.					
-	Address			<del></del>		
	rco Island, FL 34145					
(	City/State and Zip Code					
dani	elle@schenk-law.com					
E-mail address: (to b	elle@schenk-law.com we used for future annual report no	tificatio	n)	<del></del>		
For further informat	ion concerning this matte	r, plea	se call	1:		
Dani	elle Parks	at (	239	)	394-7811	
Name	of Person			Area Code	e & Daytime Telephone Number	
STREET/CO	OURIER ADDRESS:		MA	AILING	ADDRESS:	
Registration S		Registration Section				
Division of C	orporations	Division of Corporations				
Clifton Build		P.O. Box 6327				
	ve Center Circle	Tallahassee, Florida 32314				
Tallahassee, I	Florida 32301					
Enclosed is	a check for the following	g amo	unt:			
[Z] \$25 Filing	r Fee	\$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	SILVER STRI	ET PROPERT	IES, LLC		
(a) Principal office address of limited liability company:		1027 Sorrento Road			
(Note: MUST BE STREET ADDRESS		Jacksonville	FL 32204		
(b) Mailing address of limited liability comp	any:	· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
(Note: MAY BE POST OFFICE BOX)					
05/03/2004		L040000334	-08		
3. Date of filing/registration in Florida	4. Docu	ment number			
5. (a) Registered Agent and Registered Office	shown on the recor	ds of the Florida De	pt. of State:		
Registered Agent:	Robert	K. Rushing	For B		
Registered Office Address:	1515 R	Riverside Ave. Suit	erac E		
,	Jackso	nville, FL 32204			
(b) Enter name of <b>NEW Registered Agent</b> a	and/or <u>NEW Regist</u>	tered Office addres	SS: PLST		
<b>NEW</b> Registered Agent:	<u>Schenl</u>	k & Associates, Pl	C RE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		999 Brickell Avenue, Suite 700			
MOST BE L'EURIDA STREET ADDR	Miami		"FL <u>33131</u>		
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.  Signature of a member or authorized representative of a member.	nade, the Florida str ill be identical. Or, e change(s) was/we or as otherwise pro y company.	ne State of Florida, eet address of the re in the case of a Flore authorized by an vided in the articles	it is hereby egistered office rida limited affirmative vote of organization		
Printed or typed name of signee					
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabilities	gent and agree to a e to the proper and is of my position as filed to merely refle ty company has bee	ict in this capacity. complete performa registered agent as ect a change in the r en notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00