

106 000 106 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

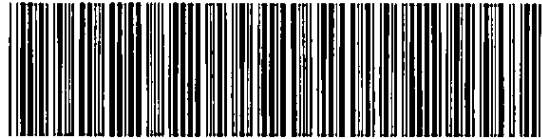
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800373176768

09/15/21--01008--009 **25.00

FILED
2021 SEP 15 PM 2:31
CLERK OF STATE
TALLAHASSEE, FL

SLP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silvermill, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT B. SELLINGER

Name of Person

Silvermill LLC

Firm/Company

6250 Old Water oak Rd.

Address

Tallahassee FL 32312

City/State and Zip Code

Docscott1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT B. SELLINGER

Name of Person

at (850) 509-3460

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing 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 605.0114 or 605.0116, 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: Silvermill LLC

2. (a) 2000 Centre Pointe Blvd. (b) 2000 Centre Pointe Blvd.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Tallahassee FLORIDA
32308

Tallahassee FLORIDA
32312

3. November 2, 2006 4. L 06000106469

Date of filing/registration in Florida

Document number

5. (a) Robert Pierce
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

123 South Calhoun Street
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Tallahassee FLORIDA
32301, FL

(b) SCOTT B. SELLINGER
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6250 Old Water oak Rd.
NEW Registered Office Address:
Tallahassee FLORIDA
32312, FL

FILED
2021 SEP 15 PM 2:31
CLERK OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Manager
Signature of a member or authorized representative of a member

SCOTT B. SELLINGER
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent