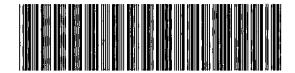
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
	_				
☐ PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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12 MAY -7 AN 9-38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 0 8 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2012

NELVIN WOODS ALL-ONE PROPERTY CARE 8209 CHELSWORTH DR. ORLANDO, FL 32835

SUBJECT: SILVER LINING REALTY LLC

Ref. Number: L09000042301

We have received your document for SILVER LINING REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00013654

FILED

12 MAY -7 MB 9-31

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2012

NELVIN WOODS 8209 CHELSWORTH DR. ORLANDO, FL 32835

SUBJECT: SILVER LINING REALTY LLC

Ref. Number: L09000042301

We have received your document for SILVER LINING REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

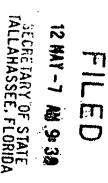
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 612A00012629



COVER LETTER

. . . .

TO: Amendment Section Division of Corporations

SUBJECT:	Silver Lini	ng Realty LLC				
	Nam	e of Corporation				
DOCUMENT NUM	ЛВЕR:	L09000042301				
The enclosed Statem	ent of Change of Registered	Office/Agent and fee are s	submitted for filin	ıg.		
Please return all cor	respondence concerning this	matter to the following:				
		elvin Woods of Contact Person				
	пате	of Contact Person				
		ne Property Care				
•	F	irm/Company				
				£.,	;	
	8209	Chelsworth Dr.			,,	
•		Address	······································	Va.	17794	
			·		•	· n
· -		ndo FL 32835		2		
_	City/S	tate and Zip Code		ACE	E	*****
	nwoods1	2000@yahoo.com		HAS	7.	- 1
	E-mail address: (to be used	for future annual report	notification)	42	-1	
				"⇔ "⇔	Æ	П
For further informat	on concerning this matter, p	lease call:		STATE	9:39	O
	Nelvin Woods	at (407)	440-3			
Nam	e of Contact Person	Area Code &	Daytime Telepho	ne Nu	ımber	- ,

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

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 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 Linin	g Realty, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	by: 4700 Milenia Blvd suite 175 Orlando, Florida 32839
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4700 Millenia Blvd Suite 175 Orlando, Florida 32839
04/30/2008	L09000042301
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent: Registered Office Address:	USA-RA LLC 841 Prudential Drive 12th floor Jacksonville, Florida 32207
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Nelvin Woods 8209 Chelsworth Drive Orlando ,FL32835
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member) (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promotion familiar with and accept the obligations of my position f.S. Of if this document is being filed to merely reflect a configuration that the limited liability company has been notified. (Signanule of Registered Agent)	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I age

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