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(Re	questor's Name)	
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S. HAWKES

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Silverpoint Capital Partners LLC Name of Limited Liability Company			
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:			
Stephen Hudoba Name of Person			
Name of Person			
Hill Ward Henderson			
101 EKennedy Blvd Suite 3700			
Address			
Tampa F2 33701 City/State and Zip Code			
E-mail address: To be used for future annual report notification)			
For further information concerning this matter, please call:			
Kathy Cauwels at 727, 866-7999			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}			

STATEMENT OF CHANGE OF REGISTERED OF BOTH FOR LIMITED LIABILITY COMPANY	FICE OR REGISTERED AGENTOR		
Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	3.508, Florida Statutes, the undersigned limited der to change its registered office or registered		
1. Name of the limited liability company: Silvers	point Capital tartifes isc		
2. (a) Principal office address of limited liability compa	any: <u>C/o Stephen Huesba</u>		
(Note: MUST BE STREET ADDRESS)	101 E Kennedy Blud Stufe 3700		
(b) Mailing address of limited liability company:	clo Stephen Hudoba		
(Note: MAY BE POST OFFICE BOX)	101 E Kennedy Blud Suite 3700		
3/24/10	L10000032460		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	Ernest Li Mascara		
Registered Office Address:	Englander & Fischer P.A.		
	St Petersburg Fr 33701		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	Stephen Huaoba		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Clo Hill Ward Henderson Tole Kennedy Bird Suite 3700		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. 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 comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.		
Signature of Registered Agent			

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