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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James A. Neal, Jr., P.A.

REAL ESTATE BUSINESS LAW CIVIL TRIAL PRACTICE ATTORNEY AT LAW
213 COURTHOUSE SQUARE
INVERNESS, FLORIDA 34450

(352) 726-1116 (352) 726-1108 (FAX) e-mail: nealjpa@earthlink.net

January 4, 2013

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 SECULAR SSEE FLORIDA

Re: HLSilbernagel, LLC, a Florida limited liability company

Dear Sir/ Madam:

Enclosed please find the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company with regard to the above company. I also enclose my firm check #11078 payable to the Division of Corporations in the amount of \$25.00 which represents the filing fee for the registered office address change.

incerely,

Neal, Jr.

Thank you for your prompt attention to this matter.

JAN/rh

Enclosure: Check for \$25.00

Statement of Change with cover letter

Xc: HLSilbernagel, LLC

COVER LETTER

TO:	Registration Section
	Division of Corporation

HLSILBERNAGEL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

TO THE PROPERTY OF THE PARTY OF The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

BRENT L. SILBERNAGEL

Name of Person

Firm/Company

EUSTIS, FLORIDA 32727

City/State and Zip Code

BRENT@BDSCOMMERCIALGROUP.COM

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

For further information concerning this matter, please call:

BRENT L. SILBERNAGEL at 352

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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: HLSILBERNAGEL	LTC	
2. (a) Principal office address of limited liability compa	LINY: 35407 FOX RUN CIRCLE EUSTIS, FLORIDA 32736	35 S
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 470 EUSTIS, FLORIDA 32727	
10/14/2010	L10000107552	Carry Co.
3. Date of filing/registration in Florida	4. Document number	7
5. (a) Registered Agent and Registered Office shown o	n the records of the Florid	a Dept. of State:
Registered Agent:	BRIAN L. SILBERNAGEL	
Registered Office Address:	29300 TIMBER OAKS LANE TAVARES, FLORIDA 32778	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	BRENT L. SILBERNAGEL 35407 FOX RUN CIRCLE	
(MUST BE FLORIDA STREET ADDRESS)		
	EUSTIS	,FL 32736
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the case of a case or case o	he registered office Florida limited An affirmative vote of
BRENT L. SILBERNAGEL		
Printed or typed name of signee	<u></u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part and lam tamiliar with and accept the obligations of more	agree to act in this capac proper and complete perfo	ity. I further agree to rmance of my duties,

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 608, 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 of Registered Agent

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