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(Re	equestor's Name)	
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SECRETARY OF STATE

K. SALY DEC 22 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2016

SILENT REVOLUTION LLC MICHAEL BUTLER 1052 NW 87TH AVE, APT. 102 DORAL, FL 33172

SUBJECT: SILENT REVOLUTION LLC

Ref. Number: L14000196327

RECEIVES
2016 DEC 19 PM 3: 4.8
SECRETARY OF STATE
ALLAHASSEE, PLORIDA

We have received your document for SILENT REVOLUTION 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.

Karen A Saly Regulatory Specialist II

Letter Number: 216A00024836

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Silent Revolution 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:			
Michael Zutler			
Name of Person			
Silent Revolution LLC Firm/Company			
Firm/Company			
1052 NW 87th NE Apt 102 Address			
Address			
Miami FL 33172 City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Butter at (516) 567 8735			
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 □ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

- 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.

107144.	
1. Name of the limited liability company: Silent Revolution	LLC
• • •	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	000 196 3 2 7 ocument number
5. (a) Corporation Service Coupany Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Lol HAYS SA Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	·
Tala hassee ,FL 32301 (b) Michael Botler Enter name of NEW Registered Agent and/or NEW Registered Office address:	PILED 2016 DEC 19 PK 12: 13 SECRETARY OF STATE FALLAHASSEE, FLORID:
NEW Registered Office Address: MFW Registered Office Address: MFami FL 33172	TATE ORIUS
If the limited liability company is not organized under the laws of the State of Florida the change or changes are made, the Florida street address of the registered office ar agent will be identical. Or, in the case of a Florida limited liability company, it is he was/were authorized by an affirmative vote of the members of the limited liability compathe articles of organization or the operating agreement of the limited liability compa	and the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in my
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dut the obligations of my position as registered agent as provided for in Chapter 605, F to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	inted or typed name of signee ty. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been

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

Signature of Registered Agent