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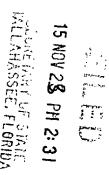
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Cathi Wall 217.469.5225 - Direct Dial

855.450.7774 - Facsimile cathi.wall@InfinityPSGI.com

November 20, 2015

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

RE: Silver-Core, LLC

Dear Sir or Madam:

Enclosed for filing is the Change of Registered Agent/Office for the above-referenced entity and check in the amount of \$25.00.

Please file at your earliest opportunity and return the file-stamped copy to me at the below address.

If you have any questions or need anything else to process this filing, please do not hesitate to contact me at the above number.

Sincerely,

Cathi Wall

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations					
Silver-Core, 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:					
C. Wall					
Name of Person					
Infinity Professional Services Group Inc.					
. Firm/Company					
600 S. Second St., Suite 104					
Address					
Springfield, IL 62704					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
C. Wall 217 645-6457					
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 & 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.

1. Na	me of the limited liability company: Silver-Core	e, LLC						
			(h)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of lin	nited liabilit	y compa	ny:
	406 West Hillsboro Blvd			406 We	st Hillsboro Blv	rd		
	Deerfield Beach, FL 33441			Deerfiel	ld Beach, FL 33	3441		
	10/14/2015		l	.150001	75148			
3.	Date of filing/registration in Florida	4.	_		Document numb	er		
5. (a)	Registered Agent and Registered Office shown on the records SLPA, Inc. Registered Office Address (MUST BE FLORIDA STREET)							
	201 NE 1st Avenue						15	
	Delray Beach	FL_3344	14	-	_		15 NOV 23	•
(b)						SSEY.	•	Para-sar Para-sara
ζ-,	Enter name of NEW Registered Agent and/or NEW Register	ered Office	add	ress:	_	100 110 110 110 110 110 110 110 110 110	PH ;	Amenda E. J. S.
	Registered Agent Solutions, Inc.					STALE LORID	2:31	Dame.
	NEW Registered Office Address:		•		_	>		
	155 Office Plaza Drive, Suite A				_			
	Tallahassee,	FL_3230	01		_			
the cha agent w was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the member icles of organization or the operating agreement of	laws of the red liability ars of the limite	the Segist cor limited li	ered office npany, it ted liabili ability con	ce and the business is hereby confirme ty company or as	s office of ed that the	the reg	gistered e(s)
Signa	turbon the and the manuthorized representative of a member	-			Printed or typed na	me of signe	 -	
I herei provisi the obl to mey motified	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to lele perfol ided for i s, I hereby	act rma in C v co	in this cap nce of my hapter 60 nfirm thai	nacity I further a	oree to co	mnlv u	vith the l accept ng filed been
Signatu	re of Registered Agent Brenda David, Asst Servebry							
	Division of Corporations • P. (O. Box 63 G FEE: \$			issee, FL 32314			

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Silver-Core, LLC	
Nat	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fec(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
C. Wali	
Name of Person	
Infinity Professional Services Group In	nc.
Firm/Company	
600 S. Second St., Suite 104	
Address	
Springfield, IL 62704	
City/State and Zip Code	
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matter	er, please call:
C. Wall	217 645-6457
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	ng 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.

1. 1	Name of the limited liability company: Silver-Core,	LLC					· · · · · ·	
			(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-).	Mailin	ng address of l ne: MAYBE	imited liabi	lity con	npany:
	406 West Hillsboro Blvd			406 West Hi	illsboro Bl	lvd		
	Deerfield Beach, FL 33441		-	Deerfield Be	each, FL 3	3441		
	10/14/2015		L	1500017514	48			
3.	Date of filing/registration in Florida	 4.	_	Doc	ument num	ber		
5. (a	a)							
J. (Registered Agent and Registered Office shown on the records o SLPA, Inc.	f the Flor	rida I	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(225					
	201 NE 1st Avenue	ADDIL	<u> </u>			F i.,		
	Delray Beach , F	3344	14				<i>5</i> 5	•
	,·	L					AON (र द इ.सम्बद्ध
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					SSE	25	Compation
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	addı	ess:		in in	PH	[7]4
	Registered Agent Solutions, Inc.					DANY OF SIATE ASSEE, FLORID	2: 3	THE RESERVE
	NEW Registered Office Address:					5 7		
	155 Office Plaza Drive, Suite A							
	Tallahassee , F	, 3230) 1					
the c agen was/	e limited liability company is not organized under the last hange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members urticles of organization or the operating agreement of the	of the re liability of the l	egist con limit	ered office and npany, it is her ed liability con	the busine reby confirm many or as	ss office ned that t	of the	registered
	(hOX/larder	ل	ON	ATHAN SIL	VERMAN			
	nature of a member				ited or typed r	_		
Z	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and complet obligations of my position as registered agent as provided by reflect a change in the registered office address, led in writing of this change.	gree to e perfoi ed for i I hereby	act i rmai in Ci y coi	n this capacity nce of my dutie napter 605, F.S nfirm that the l	v. I further es, and I am S. Or, if thi limited liabi	agree to o familiar is docume ility comp	comply with a ent is b eany ho	v with the ind accept eing filed as been
Sign	alura of Registered Agent Brenda Divid, Asst Servebry							
	Division of Corporations • P.O. FILING				FL 32314			