

L15000175148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

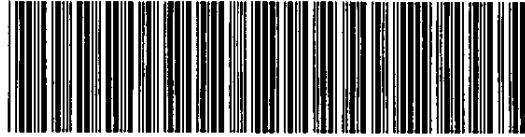
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 NOV 28 PM 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 01 2015  
Y SULKER

**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: SilverCore, LLC

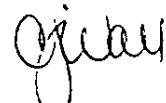
Dear Sir or Madam:

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

**SUBJECT:** 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

at (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

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Silver-Core, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

406 West Hillsboro Blvd

Deerfield Beach, FL 33441

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

406 West Hillsboro Blvd

Deerfield Beach, FL 33441

10/14/2015

L15000175148

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SLPA, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

201 NE 1st Avenue

Delray Beach, FL 33444

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of authorized representative of a member

JONATHAN SILVERMAN

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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 605, 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 Brenda David, Asst Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
15 NOV 23 PM 2:31  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver-Core, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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Firm/Company

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Address

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\_\_\_\_\_  
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

at ( 217 )

645-6457

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

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Division of Corporations  
Clifton Building  
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2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

406 West Hillsboro Blvd

Deerfield Beach, FL 33441

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

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Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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Jonathan Silverman  
Signature of authorized representative of a member

JONATHAN SILVERMAN

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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 605, 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.*

Brenda David  
Signature of Registered Agent Brenda David, Asst Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00