Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVER HORIZON INVESTMENTS, LLC

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## 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.

| I. Na                        | ime of the limited liability company: Silver H   | orizon Inv  | restments, LLC   |
|------------------------------|--|---|--|
|                              | 1223 NE 14TH AVE.  | (b)   |  |
| ()                           | Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                              | FORT LAUDERDALE, FL 33304  |   |  |
|                              | 01/05/2017   | L17(  | 000004242  |
| ¥.                           | Date of filing/registration in Florida   | 4.  | Document number  |
| 5. (a)                       | INCORP SERVICES, INC   |   |  |
| , (u)                        | Registered Agent and Registered Office shown on the records of   | of the Florida Dept. o  | of State:  |
|                              | 17888 67TH COURT NORTH   |   |  |
|                              | Registered Office Address (MI/ST BE FLORIDA STREE  | T ADDRESS)  |  |
|                              | LOXAHATCHEE , I  | <sub>-L</sub> 33470   | 2018   |
| (b)                          | Registered Agents Inc.   |   | 2018 NOV 30  |
| (1)                          | Enter name of NEW Registered Agent and/or NEW Register   | ed Office address.  | — 30 T   |
|                              | 3030 N. Rocky Point Dr.  |   | ILED  BIUNOV 30 AM 9: 40  ALLAHASSIE, FLORID   |
|                              | NEW Registered Office Address  |   | 9: L   |
|                              | STE 150A   |   | <del></del>  |
|                              | Tampa  | <sub>FL</sub> 33607   |  |
| the changent was/w           | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | laws of the State<br>of the registered<br>liability compan<br>s of the limited li | office and the business office of the registere<br>y, it is hereby confirmed that the change(s)<br>lability company or as otherwise provided in<br>ty company.                             |
| Signa                        | nture of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| provis.<br>The obj<br>to mer | hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as proviety reflect a change in the registered office address, dim writing of this change.  Bill Havre Preside         | te performance of<br>ded for in Chapto<br>I hereby confirm                        | is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed that the limited liability company has been |
| Signan                       | ne of Registered Agent   |   |  |