## 117000081540

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL.		
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(Document Number)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

**S Warren** MAY - 5 2017

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	Sunshine State Silver LLC	Sunshine State Silver LLC  Name of Limited Liability Company				
Dear Si	r or Madam:		•			
The enc	losed Registered Agent/Registered O	ffice Change and	I fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning	this matter to the	following:			
Jennin	igs L DePriest					
	Name of Person	APPLE L. B. C.	<del>_</del> ;			
Sunsh	ine State Silver					
	Firm/Company					
120 S	Monroe St					
	Address					
T-0-5						
i aliana	City/State and Zip Code		_			
! !						
	gs.depriestgmail.com		<del></del> .			
	mail address: (to be used for future ar	-	rication)			
For furth	her information concerning this matte	r, please call:				
Jennin	gs DePriest	863	8045083			
	Name of Person		Area Code & Daytime Telephone Number			
(	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Dir P.C	gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
1	Enclosed is a check for the followin	g amount:				
ı	☑ \$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy			
INILICIO	(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	1. Name of the limited liability company: Sunshine State Silver LLC						
2. (a	120 S Monroe St	(b) 120 S Monroe St					
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
•	Tallahassee, FL, 32301	Та	ıllahassee, FL, 32301				
	4/11/2017	L17	7000081540				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	, Ramba, David L	•					
·	Registered Agent and Registered Office shown on the records of 120 S Monroe St	f the Florida Dept	of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	Tallahassee, FI	L 32301	<u> </u>				
(b) Ramba, David E							
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:					
	120 S Monroe St		ARY OF ASSEE.				
	NEW Registered Office Address:		OF ST.				
	,	<del>-</del> "	— XE				
	Tallahassee , FI	_32301					
the chagent was/v	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered iability compar of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in				
_/		Jenning	s L DePriest				
/	ature of a member or authorized representative of a member		Printed or typed name of signce				
(I here provis the ob to me notific	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change	ree to act in the e performance ed for in Chapt hereby confire	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been				
Signat	ure of Registered Agent						