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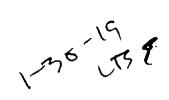
(Requestor's Name)								
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COVER LETTER

TO:

	Registration Section Division of Corporations						
SUBJE	SILVER BROOKSHIRE HOLDINGS, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam;						
The encl	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning th	is matter to the	following:				
Keith T	. Grumer, Esq.						
	Name of Person						
Katz Ba	arron						
	Firm/Company	<u> </u>	-				
100 N.I	E. 3rd Ave, Suite 280						
	Address		_				
Fort La	uderdale, FL 33301						
	City/State and Zip Code		_				
KTG@	katzbarron.com						
E-n	nail address: (to be used for future ann	ual report notifi	cation)				
For furth	er information concerning this matter,	please call:					
Keith T.	. Grumer	954 at (331-2509				
	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		Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:							
Ç	2 \$25 Filing Fee	□ \$55	5 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	ame of the limited fiability company: SILVER	BROOKSHIR	E HOLDINGS,	LLC			
2. (a)		(b)			, ,		
,	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing add	dress of limited	•		
	401 E. LAS OLAS BLVD.STE. 130-492	2			_		
	FT. LAUDERDALE, FL 33301						
	10/02/2017	L1	7000203697				
3.	Date of filing/registration in Florida	4.	Docume	nt number			
5. (a)	SALMON LEGAL GROUP, PL						
	Registered Agent and Registered Office shown on the reco	ords of the Florida De	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1395 BRICKELL AVE. Suite 800				<u> </u>	20	
	Miami	_, _{FL} _33131				Z019 J	-
(b)	Keith T. Grumer				150 150 350	JAN 25	47355 47355 1
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office addres	<u></u>		SY OF	2	1
	100 N. E. 3rd Ave., Suite 280				E, FI	<u>ö</u>	
	NEW Registered Office Address:				' <u>H</u>	£	
	Fort Lauderdale,	, FL 33301					
the char agent w was/we he artic Signatur	mited liability company is not organized under the new or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit resultanced by an affirmative vote of the member of organization or the operating agreement of the organization or the operating agreement of a member or authorized representative of a member of a member of all statutes relative to the proper and compagations of my position as registered agent as profit reflect of things in the registered office address in writing of this change.	ess of the register ted liability compoers of the limited liab	ed office and the lany, it is hereby of liability company. If the company. Printed or	business off confirmed the y or as other y ped name of	ice of the lat the charwise pro	registe ange(s) vided i	n
		_					
Signature	e of Begistered Agent						