

L18 000 277 003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

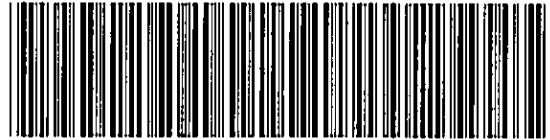
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / R O / chg

JAN 07 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silo Oaks, 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:

Clarence Steven Munz

Name of Person

Silo Oaks, LLC

Firm/Company

847 South Main St.

Address

Wildwood, FL 34785

City/State and Zip Code

bookkeeper@galaxyhomesolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Mollman at (352) 748-4868
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

02:08 PM 3-11-2020

02:08 PM 3-11-2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2019

CLARENCE STEVEN MUNZ
SILO OAKS, LLC
847 SOUTH MAIN ST
WILDWOOD, FL 34785

SUBJECT: SILO OAKS, LLC
Ref. Number: L18000277003

We have received your document for SILO OAKS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the complete/legal name of the individual listed as the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00024810

**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: Silo Oaks, LLC

2. (a) Silo Oaks, LLC (b) Silo Oaks, LLC

Principal office address of limited liability company:

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

847 South Main St.

Wildwood, FL 34785

Mailing address of limited liability company:

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

847 South Main St.

Wildwood, FL 34785

11/30/2018

L18000277003

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Clarence Steven Munz

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

847 South Main St.

NEW Registered Office Address:

Wildwood, FL 34785

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.

Clarence Steven Munz
Signature of a member or authorized representative of a member

Clarence Steven Munz

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.

Clarence Steven Munz
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2020 JAN -3 PM12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA