Florida Department of State

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE JAIME SILVA PE LLC

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SEP 20 2022 , erumbley

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: Jaime Silva PE LLC					
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. 5.	(a)	O3/23/2020 Date of filing/registration in Florida SILVA, JAIME Registered Agent and Registered Office shown on the records 16086 WHIPPOORWILL CIR.	4.	DOOO87112 Document number State:	
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
		LOXAHATCHEE	FL 33470	2022 \$	
	(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	red Office address:	AND FILED 2022 SEP 20 PM 2: 01 SECRETARY OF STATE ALLAMASSER, FLORID	
		STE 300			
		St. Petersburg	FL_33702		
th ag wa	e cha ant v as/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of the company of t	of the registered of Hiability company, rs of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
_	Signa	Ritury Tark, ure of a member or authorized representative of a member	Riley Fa	Printed or typed name of signee	
I pr th to	here ovis e ob mer tifie	by accept the appointment as registered agent and completions of all statutes relative to the proper and completigations of my position as registered agent as proveely reflect a change in the registered office address d in writing of this change. Rill Hayre - Assist	ete performance of ided for in Chapter , I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

Signature of Registered Agent