

L200000183705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

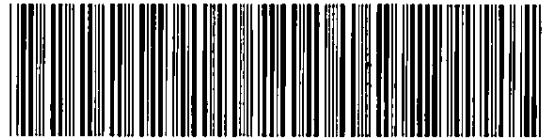
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LLC RA & RO Change

10/05/23--01018--008 **35.00

FILED
2023 NOV 15 AM 8:41
STATE

A. RAMSEY

NOV -16 2023

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2023

JOSHUA POLLOCK
SILVER BILL SOLUTIONS LLC
1072 NW 121 WAY
CORAL SPRINGS, FL 33071

SUBJECT: SILVER BILL SOLUTIONS, LLC
Ref. Number: L20000183705

We have received your document for SILVER BILL SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

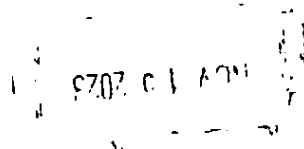
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed.

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.

Annette Ramsey
OPS

Letter Number: 023A00024199



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silver Bill Solutions 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:

Joshua Pollock
Name of Person

Silver Bill Solutions LLC
Firm/Company

1072 NW 121 Way
Address

Coral Springs, FL 33071
City/State and Zip Code

Josh@silverbillsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Pollock at (954) 296-7336
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount: *Please see note/addendum.

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Silver Bill Solutions LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

7524 NW 113th Ave
Parkland, FL 33076

7524 NW 113th Ave
Parkland, FL 33076

3. 6/30/2020 4. L20000183705
Date of filing/registration in Florida Document number

5. (a) Joshua L Pollock
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7524 NW 113th Ave
Parkland, FL 33076

(b) Mary Kellerman-Scalone
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1072 NW 121 Way
Coral Springs, FL 33071

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.

Joshua L Pollock
Signature of a member or authorized representative of a member

Joshua Pollock
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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