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COVER LETTER

Division of Corporations		
Silver States LLC SUBJECT:		
	e of Limited 1	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
Piease return all correspondence concerning this	s matter to the	e following:
William C. Reeder		
Name of Person		
Silver States LLC		
Firm/Company		_
7311 Sale Blvd		
Address		
Southport, Fl. 32409		
City/State and Zip Code		
pibottomline@aol.com		
E-mail address: (to be used for future annu	ual report noti	fication)
For further information concerning this matter, [please call:	
William C. Reeder	850 at (832-9940
Name of Person	_ ar (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:	
■ \$25 Filing Fee		\$55 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.

. Na	me of the limited liability company: Silver States LLC		
. (a)	7311 Sale Blvd.	(b)	
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Southport, Fl. 32409	<u> </u>	
	10/12/20	1.2000	00322471
-	Date of filing/registration in Florida	4.	Document number
. (a)	Vicky Holloway		
. (41)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	7311 Sale Blvd.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Southport	32409	. ~
(b)	William C. Reeder		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	7311 Sale Blvd.		3 PH 3:
	NEW Registered Office Address:		PM 3: 56 CF STATE SEE, FL
	Southport , FI	324(19 L	
hange gent i	imited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members	e registered off ability compan	ice and the business office of the registered by, it is hereby confirmed that the change(s)
pe∙art	cles of organization or the operating agreement of the	limited liabilit	ty company.
Sions	ture of a member or authorized representative of a member	Vicky Hol	Printed or typed name of signee
here rovis	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete	-performance (ed for in Chapt	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept of 605. F.S. Or. if this document is being filed
o mer	ely reflect a change in the registered office address. I d in writing of this change	nereby confirm	n that the amitea dabitity company has been