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05/03/22--01015--028 **25.00





COVER LETTER '

Division of Corporations							
DAVID J SILVERMAN, EA, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the	following:					
DAVID J SILVERMAN, EA							
Name of Person		_					
DAVID J SILVERMAN, EA, LLC							
Firm/Company							
2875 S OCEAN BLVD, S 200-53							
Address							
PALM BEACH, FL 33480							
City/State and Zip Code							
TAXDAVID@GMAIL.COM							
E-mail address: (to be used for future annua	al report notifi	cation)					
For further information concerning this matter, pl	lease call:						
DAVID J SILVERMAN, EA	646 _ at (957-0228					
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 a	mount:						
■ \$25 Filing Fee	□ \$5	☐ \$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.

Name of the limited liability company: DAVID J SILVERMAN, EA, LLC						
2. (a)			(b)			
ζ.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2875 S OCEAN BLVD S-200-53					
	PALM BEACH, FL 33480	- -				
	04/23/2021		L210001	89650		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (u)	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of S	State:		
				<u> </u>		
	Registered Office Address (MUST BE FLORIDA STREET A	?				
	1201 HAYS STREET					
	TALLAHASSEE FL 3	2301				
	, , , ,					
(b)						
	Enter name of NEW Registered Agent and/or NEW Registered ()ffice a	iddress:			
	DAVID J SILVERMAN, EA			Ç.		
	NEW Registered Office Address:			-		
	2875 S OCEAN BLVD, S-200-53	<u> </u>				
	PALM BEACH FL	3480		<u> </u>		
agent was/we	imited liability company is not organized under the laws c or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egiste ility c the li	red office company, i mited liab	and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in		
DAVID J SILVE			VERMAN, EA			
	Signature of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po ligations of my position as registered agent as provided pelv reflect a change in the registered office address, I he I in writing of this change.	e to ac erform for in reby c	ct in this con mance of n Chapter 6 confirm the	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed at the limited liability company has been		

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

Signature of Registered Agent