

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
(ca), care a,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:09/15/2025				
Name:Delijah Showers				
Reference #:				
Entity Name: SILVER OAK ESTATES HOMEOWNERS ASSOCIATION, INC.				
Articles of Incorporation/Authorization to Transact Business				
Amendment				
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amount: \$35				
Signature Delisah Showers				

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
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Date:	09/15/202	25		
Name:	Delijah	Showers	_	
Referenc	e #: 2	2873781	_	
			MEOWNERS ASSOCIATION, INC.	
☐ Ar	ticles of Incorpo	oration/Authorization	to Transact Business	
☐ An	nendment			
✓ Ch	nange of Agent			
☐ Re	einstatement			
☐ Conversion				
	erger			
☐ Dis	ssolution/Withdi	rawal		
☐ Fid	ctitious Name			
☐ Ot	her			
Authorize	ed Amount:	\$35		
Signature	Delisah S	Showers		

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State ofFL				
1. The name of the corporation:	SILVER OAK ESTATES HOMEOWNERS ASSOCIATION, INC.				
2. The principal office address:	No Change				
3. The mailing address (if different):	No Change				
	8/05/2022 Document number: N22000008990				
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file with the signed, enter resigned)				
	C T CORPORATION SYSTEM				
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FLORIDA 33324				
(if changed):	e new registered agent (if changed) and /or registered office ogency Global Inc. 15 North Calhoun St., Suite 4				
1	15 North Calhoun St., Suite 4				
 	P.O. Box NOT acceptable				
	allahassee, FL 32301 c.,				
	office and the street address of the business office of its registered agent.				
Such change was authorized by resauthorized by the heard, or the corp	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.				
Joshua S McLeod	Joshua McLeod, Director				
I further agree to comply with the p	Printed or typed name and title registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete performance a and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.				
/s/ Tim Mayville	9/15/2025				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Tim Mayville, Assistant Sec	retary				
Typed or Printed Name	* * * FILING FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)