P03000011057

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Stuart R. Silver, P.A. Name of Corporation					
DOCUMENT NUMBER: P03000011057					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stuart R. Silver					
Name of Contact Person					
Stuart R. Silver, P.A.					
Firm/Company					
1302 Ginger Circle					
Address					
City/State and Zip Code					
steart@ stuartysilver.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Steart R Silver Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the prov	visions of sections 60	07.0502, 617.0502, exporation organiz	607.1508, or 617.15 ed under the laws of	508, Florida Stat The State of	utes, this
			ed agent, or both, in		
1. The name of the c	orporation:	Stuart 1	R. Silver, P. nger Circl FL 3332k	a.	
2. The principal office	ce address:	1302 GI	nger Circl	e	
		Weston	FL 33326	>	
3. The mailing addre	ess (if different):				
4. Date of incorpora	tion/qualification:	1/29/03	Document numb	er: 703 0	000011057
	eet address of the cur nt of State: (If resign		ent and registered off	ice on file with t	he
	r	esigned		€	₽~ →
		7			O JI
					
				···-	
6. The name and stre (if changed):			_	registered office	AH 9: L
	Stua	ut K Ji	iver		¥m - 1
	130	2 Gunga	er Circle		
	We	P.O. Box NOT	her crick coceptable 33326		
The street address of as changed will be it	f its registered offic dentical.	e and the street ac	ddress of the busines	ss office of its re	egistered agent,
Such change was au authorized by the	thorized by resolution of the corporat	ion duly adopted l	by its board of direc	tors or by an of	ficer so
MI			Stuart Ru		
ŭ	in officer or director	 	Printed or t	yped name and title	
I hereby accept the I further agree to co of my duties, and I document is being for corporation has bee	appointment as regionply with the provi am familiar with and iled merely to reflec an notified it writing	istered agent and isions of all statut d accept the oblig et a change in the g of this change.	agree to act in this des es relative to the pro ation of my position registered office add	capucity oper and comple as registered a dress, I hereby d	ete performance gent. Or, if this confirm that the
MY	100-		5/30/	1	
If signing on behalf	of Registered Agent of an entity:		• •	Date	
Typed	or Printed Name				

* * * FILING FEE: \$35.00 * * *