P03000/52609

(Req	uestor's Name)			
(Address)				
(Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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02/25/13--01011--007 **35.00



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CÔVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SYL ENTERPRISES INC.				
Name of Corporation				
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registered Office/Agent and fee are submit	ted for filing.			

Please return all correspondence concerning this matter to the following:

JANETTE MINKOVES				
Name of Contact Person				
SYL ENTERPRISES INC.				
Firm/Company				
3926 194TH LN				
Address				
GOLDEN BEACH, FL 33160				

City/State and Zip Code
sylenterprises@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANETTE MINKOVES

Name of Contact Person

at (305) 936-9655

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the Sta	te of Florida		
	he corporation: SYL ENTERPRIS	•	e of Morida.		
2. The principal	office address: 3926 194TH LN -	- Golden Beach, FL 331	160		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/16/2003	Document number: PC)3000152609		
	I street address of the current registered tment of State: (If resigned, enter resigned)		Ule with the 三		
	ESTHER HANNA		TEB T		
	3926 194TH LN		FILED FILED		
	GOLDEN BEACH, FL 3316	0	PR L		
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):					
	JANETTE MINKOVES				
	3926 194TH LN				
	GOLDEN BEACH, FL 3316	OT acceptable			
The street address changed will	ess of its registered office and the street be identical.	et address of the business office	e of its registered agent,		
Such change wa	as authorized by resolution duly adopt ne hoard, or the corporation has been t	ed by its board of directors or b	by an officer so		
	Jayahin Co	·	MINKOVES, P.		
I hereby accept I further agree i performance of	the appointment as registered agent of the appointment as registered agent of comply with the provisions of all standard with and is document is being filed merely to rethat the corporation has been notified	atutes relative to the proper an Laccent the obligation of my po	y. d complete osition as registered		
	face hours	February	- 17, Zo13		
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
T	yped or Printed Name				

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