# 05000156935

(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	_	
(Business Entity Name)		
(See Moss Entry Name)		
(Document Number)		
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#### **COVER LETTER**

January 31, 2008

**TO:** Amendment Section Division of Corporations

SUBJECT: SILENT CITIZEN, INC. Principal & Mailing Address Change

**DOCUMENT #:** P05000156935

Please update your records as the Principal and mailing address for Silent Citizen, Inc. have changed.

#### **FORMER ADDRESS:**

205 B Street, Apt. B St. Augustine, FL

#### **NEW ADDRESS:**

146 Nesmith Ave. St. Augustine, FL 32084

For further information concerning this matter, please call:

MICHAEL FRETTO at (904) 471-8496

Sincerely,

Michael Fretto, President

### COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SILENT CITIZEN, INC.  (Name of Corporate	on)
DOCUMENT NUMBER: P05000156935	
The enclosed Statement of Change of Registered Office/Agen	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	_
MICHAEL FRETTO	
(Name of Contact Pe	rson)
SILENT CITIZEN, INC.	
(Firm/Company	
146 NESMITH AVE.	
(Address)	
ST. AUGUSTINE, FL 32084	
(City/State and Zip C	Lode)
For further information concerning this matter, please call:	
MICHAEL FRETTO at (	904 471-8496 Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department o	
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
rananassee, PL 32314	2001 Excountre Contor Choic

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1 statement of change is submitted for a corporation organized undin in order to change its registered office or registered age	ler the laws of the State of FLORIDA
1. The name of the corporation: SILENT CITIZEN, INC.	
2. The principal office address: 146 NESMITH AVE., ST. AU	GUSTINE, FL 32084
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/30/2005 December 2015	ocument number: P05000156935
5. The name and street address of the current registered agent and Florida Department of State:	registered office on file with the
MICHAEL FRETTO	
205 B STREET APT. B	SEC
ST. AUGUSTINE FL 32080 US	CRE A
6. The name and street address of the new registered agent (if charged):	nged) and /or registered office RY
MICHAEL FRETTO	
146 NESMITH AVE.	ORIDA ORIDA
(P.O. Box NOT acceptable) ST. AUGUSTINE, FL 32084	· · · · · · · · · · · · · · · · · · ·
The street address of its registered office and the street address as changed will be identical.	of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its hauthorized by the hoard, or the corporation has been notified in	board of directors or by an officer so writing of the change.  HAEL FRETTO, PRESIDENT
(Signature of an officer or director)	(Printed or typed name and title)
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes rela of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the registe corporation has been notified in writing of this change.  (Signature of Registered Agent)	to act in this capacity. It is to the proper and complete performance of my position as registered agent. Or, if this ered office address, I hereby confirm that the
If signing on behalf of an entity:	
MICHAEL FRETTO (Typed or Printed Name)	00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314