

P08000021235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700258818337

04/28/14--01027--007 \*\*35.00

14 APR 28 PM 11:47

RECEIVED  
MAY 1 2014

MAY 06 2015  
RECEIVED  
J. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sly Holdings, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000021235

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:

Michael J. O'Brien, Esq.

Name of Contact Person

The O'Brien Law Firm LLC

Firm/Company

627 W. St. Clair Avenue

Address

Cleveland, Ohio 44113

City/State and Zip Code

michael.obrien@obrienlaw.net

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

For further information concerning this matter, please call:

Michael J. O'Brien, Esq.

at ( 440 ) 472-1500

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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sly Holdings, Inc.
2. The principal office address: 1695 Persimmon Drive, Naples, Florida 34109
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/27/2008 Document number: P08000021235

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert W. Sly

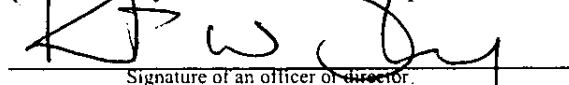
1695 Persimmon Drive

P.O. Box NOT acceptable

Naples, Florida 34109

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

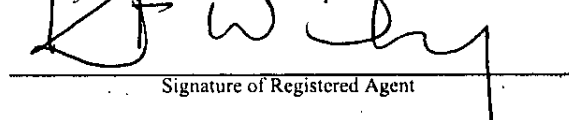
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Robert W. Sly, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

4/15/2014  
Date

If signing on behalf of an entity:

Robert W. Sly, Registered Agent

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