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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Silva PC Solutions, Inc (Name of Corporation) | | |
|--|------------------------------------|--|
| DOCUMENT NUMBER: P08000021811 | | |
| 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: | | |
| Jillian Silva (Name of Contact Person) | | |
| Silva PC Solutions (Firm/Company) | | |
| 12796 Ivory Stone Loop (Address) | | |
| Fort Myers, FL 33913 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Jillian Silva at (239) 826-7 (Name of Contact Person) (Area Code & Dayti | 7895 me 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 Se Division of Corporations Clifton Buildin Tallahassee, FL 32314 Tallahassee, FL | rporations g e Center Circle | |

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

| Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe | ized under the laws of the State of Florida |
|--|---|
| 1. The name of the corporation: Silva PC Solutions, | Inc. |
| 2. The principal office address: 12796 Ivory Stone L | Loop |
| Fort Myers, FL 33913 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 02/28/08 | Document number: P08000021811 |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned) | |
| Ricardo M. Silva | <u></u> - |
| 10286 Carolina Willow Dr. | |
| Fort Myers, FL 33913 | |
| 6. The name and street address of the new registered ager (if changed): | |
| Ricardo M. Silva | 5 PH |
| 12796 Ivory Stone Loop (P.O. Box NOT acceptable) | £ . |
| Fort Myers, FL 33913 | |
| The street address of its registered office and the street as changed will be identical. | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no | l by its board of directors or by an officer so tified in writing of the change. |
| (Signature of an officer or director) | Ricardo M. Silva / President (Printed or typed name and title) |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in th corporation has been notified in writing of this change. | d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the |
| Jelh XII | 12/11/08 |
| Visignature of Registered Agent) Wisigning on behalf of an entity: | (Date) |
| <u> </u> | |
| (Typed or Printed Name) | |

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