

P10000093961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 FEB 10 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 12 2014

R. WHITE

wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

JOSE UJLA
15563 MIAMI LAKEWAY NORTH APT 202
MIAMI LAKES, FL 33014

SUBJECT: SILOE ENTERPRISES INC
Ref. Number: P10000093961

We have received your document for SILOE ENTERPRISES INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 814A00001685

RECEIVED
14 FEB -6 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Siloe Enterprises Inc
Name of Corporation

DOCUMENT NUMBER: P10000093961

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:

JOSE VJLA
Name of Contact Person

Siloe Enterprises Inc.
Firm/Company

15563 Miami Lakeway North #202
Address

Miami, FL 33014
City/State and Zip Code

C-S-CAN@Yahoo.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE VJLA at (786) 278-6517
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: Siloe Enterprises Inc
2. The principal office address: 15563 Miami Lakeway North #202
Miami Lakes FL 33014
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 11-16-10 Document number: P0000093961
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)

15525 Miami Lakeway North
#203
Miami Lakes, FL 33014

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

15563 Miami Lakeway North
#202
Miami Lakes, FL 33014

P.O. Box NOT acceptable

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.

X [Signature]
Signature of an officer or director

JOSE VILA
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.

X [Signature]
Signature of Registered Agent

2-2-14
Date

If signing on behalf of an entity:

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