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COVER LETTER

TO:	Amendment S Division of C	Section orporations						
CHRI	ECT:	Silver Psychology	Center, Inc.					
SUDI	EC1	(Name of C	orporation)					
DOC	UMENT NUM	BER:						
The en	nclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submitted for filing.					
Please	return all corre	spondence concerning this matte	r to the following:					
		Robert B. S	Silver, PHD					
	(Name of Contact Person)							
		Silver Psyc	hology Center					
		(Firm/Co	ompany)					
	4461 Camino Real Way							
		(Add	ress)					
		Fort Myer	s, FL 33966					
	(City/State and Zip Code)							
For fu	rther informatio	on concerning this matter, please of	eall:					
Robe	rt B. Silver		at (239) 936-1336 (Area Code & Daytime Telephone Number)					
	(Name	e of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclos	sed is a \$35.00 (check made payable to the Depart	tment 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					

Tallahassee, FL 32301

TO:

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

statement of ch	provisions of sections ange is submitted for c er to change its registe	a corporation organi	zed under the laws o	of the State of Flori	da			
1 The name of	the cornoration. Silv	er Psychology Cer	nter, Inc.					
1. The name of the corporation: Silver Psychology Center, Inc. 2. The principal office address: 4461 Camino Real Way, Fort Myers, FL 33966								
3. The mailing	address (if different):_							
4. Date of incor	poration/qualification	June 13, 2011	Document num	iber:				
	d street address of the rtment of State:	current registered ag	ent and registered of	ffice on file with the				
	Corporation Servi	ice Company						
	1201 Hays Street							
	Tallahassee, FL				19			
6. The name an (if changed):	d street address of the	new registered agent	(if changed) and /or	r registered office				
	Robert B. Silver,	PHD			निर्देश			
	4461 Camino Rea	al Way						
		(P.O. Box NOT acceptable)						
	Fort Myers, FL 3	3966						
The street addr	ess of its registered o l be identical.	office and the street a	ddress of the busin	ess office of its regi	istered agent,			
Such change wauthorized by t	as authorized by reso he board, or the corp	olution duly adopted oration has been not	by its board of dire ified in writing of the	ctors or by an offic he change.	er so			
Robert	B. Lilve ure of an officer or director)		Robert B. Silver	, President				
				or typed name and title)				
I further agree of my duties, ar document is be	t the appointment as it to comply with the pind I am familiar with ing filed merely to rest been notified in wri	rovisions of all statu and accept the oblig flect a change in the	l agree to act in this tes relative to the p gation of my positio registered office a	rcapacity, roper and complete n as registered age ddress, I hereby cor	performance nt. Or, if this afirm that the			
Robert	B. Silvy	_	Augus	+ 17, 20/1				
If signing on be	ehalf of an entity:	,	•	(Suit)				
Robert	B. Silver				,			
(Typed or Printed Name)							

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