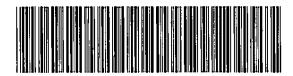
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Silvania Resources, Inc.

Name of Corporation

DOCUMENT NUMBER: P |

P11000085398

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:

Nicholas Thilen

Name of Contact Person

Silvania Resources, Inc.

Firm/Company

11555 Heron Bay Blvd., Suite 200

Address

Coral Springs, FL 33076

City/State and Zip Code

nt@sripp.com

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

For further information concerning this matter, please call:

Nicholas Thilen

,954 (376-6

Name of Contact Person

Area Code & Daytime Telephone Number

MI OCT P2 MILEO

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

statement of ch	e provisions of sections 607.0502, 617.050. hange is submitted for a corporation organ der to change its registered office or registe		
1. The name of	f the corporation: Silvania Resource	es, Inc.	
2. The principa	al office address: 11555 Heron Bay Blv	vd., Suite 200, Coral Springs, FL 33076	
		<u> </u>	
3. The mailing	address (if different):		
4. Date of incom	orporation/qualification: September 28, 20	11 Document number: P11000085398	
	nd street address of the current registered agartment of State: (If resigned, enter resigne	_	
	Nicholas Thilen		
	1820 N. Corp. Lakes Blvd., Suite 307		
	Weston, FL 33326	7110	
6. The name an (if changed):	nd street address of the new registered agen	~ ~	
	Nicholas Thilen		
11555 Heron Bay Blvd., Suite 200		te 200	
	P.O. Box NOT acceptable		
	Coral Springs, FL 33076		
The street addr as changed wil	ress of its registered office and the street all be identical.	address of the business office of its registered agent,	
Such change wanthorized by t	vas authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
(as		Nicholas Thilen	
I hereby accep I further agree performance o agent. Or, if the	ture of an officer or director of the appointment as registered agent and e to comply with the provisions of all statu of my duties, and I am familiar with and ac his document is being filed merely to refle in that the corporation has been notified in	ites relative to the proper and complete except the obligation of my position as registered ext a change in the registered office address, I	
		October 8, 2018	
Si	ignature of Registered Agent	Date	
	ehalf of an entity:		
Nicholas T	Thilen Typed or Printed Name		
	· ·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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