

Sep 23 16:11:43a

Klett, Mesches & Johnson

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : KLETT, MESCHES & JOHNSON, P.L.
Account Number : I20130000C32
Phone : (561) 624-8202
Fax Number : (561) 621-8303

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lphilbrick@kmjlawgroup.com

**REGISTERED AGENT CHANGE
SILVESTER INSURANCE PROS, INC.**

Certificate of Status	0
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SEP 26 2016

R. WHITE

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Corporate Filing Menu

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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: Silvester Insurance Pros, Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/8/13 Document number: P1300001639
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)

Stanley D. Klett2855 PGA Boulevard, Suite 100Palm Beach Gardens, FL 33410

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

Stanley D. Klett4400 PGA Boulevard, Suite 304

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

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

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

9/23/16
Date

If signing on behalf of an entity:

Stanley D. Klett

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

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA