

P94000101366

(Requestor's Name)

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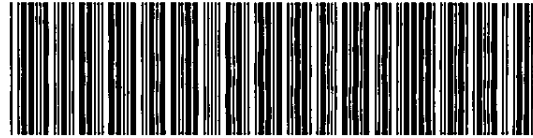
(Business Entity Name)

(Document Number)

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10 10.2.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.M. SILKWORTH, ARCHITECT, P.A.
Name of Corporation

DOCUMENT NUMBER: P96000101344

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:

NORM TOOMBS, CPA
Name of Contact Person

BERGER, TOOMBS, ELAM, GAINES & FRANK
Firm/Company

600 CITRUS AVE., STE 200
Address

FORT PIERCE, FL 34950
City/State and Zip Code

X ntombs@btef-cpas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORM TOOMBS, CPA at (772) 236-6423
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: L. M. SILKWORTH, ARCHITECT, P.A.
2. The principal office address: 1575 INDIAN RIVER BLVD., SUITE C-220,
VERO BEACH, FL. 32960
3. The mailing address (if different): P.O. Box 457154
VERO BEACH, FL. 32965-1154
4. Date of incorporation/qualification: DEC. 13, 1996 Document number: P96000101346
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)

Lynn M. Silkworth, Pres
1575 INDIAN RIVER BLVD., SUITE C-220
VERO BEACH, FL. 32960

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

NORM TOOMBS, CPA
600 CITRUS AVE., STE 200
P.O. Box NOT acceptable
FORT PIERCE, FL 34950

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.

Lynn M. Silkworth
Signature of an officer or director

Lynn M. Silkworth
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

X 9/22/14
Date

If signing on behalf of an entity:

X Norm Toombs
Typed or Printed Name

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

FILED
14 SEP 24 PM 12:30
TALLAHASSEE, FL