P98000048198

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SELRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SILVER REALTY CORP. (Name of Corporation)
DOCUMENT NUMBER: P98000048198
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:
CAMILLE A. COOLIDGE, ESQ. (Name of Contact Person)
CAMILLE A. COOLIDGE, P.A. (Firm/Company)
401 East Las Olas Blvd., Suite 1400 (Address)
Ft. Lauderdale, Florida 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
CAMILLE A. COOLIDGE, ESQ. at (954) 761-7781 (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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Silver Realty Corp.
	office address: 16375 N.E. 18TH AVENUE 1, NORTH MIAMI BEACH, FLORIDA 33162
	address (if different):
4. Date of incor	poration/qualification: 05/27/1998 Document number: P98000048198
	d street address of the current registered agent and registered office on file with the rtment of State:
	LEWIS R. SHAFER, ESQ.
	3299 N.W. BOCA RATON BLVD., SUITE 200
	BOCA RATON, FLORIDA 33431
6. The name and (if changed):	CAMILLE A. COOLIDGE, ESQ. 401 East Las Olas Blvd., Suite 1400 (P.O. Box NOT acceptable) Ft. Lauderdale, Florida 33301
	CAMILLE A. COOLIDGE, ESQ.
	401 East Las Olas Blvd., Suite 1400
	(P.O. Box NOT acceptable)
	Ft. Lauderdale, Florida 33301
	I be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signal	ture of an officer of director) EVE OF IE COLUMN, DEECTOR (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is be corpojation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
hop	ignature of Registered Agent) 4 3 0 (Date)
·	ehalf of an entity:
	(Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *