

N21 000008777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

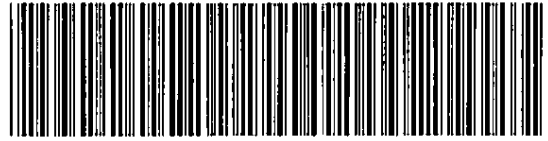
(Business Entity Name)

(Document Number)

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MAY 15 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silvan Foundation Corporation
Name of Corporation

DOCUMENT NUMBER: N21000008777

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:

Robert Ryan Goold
Name of Contact Person

Silvan Foundation Corporation
Firm/Company

7901 4th St N Ste 300
Address

St. Petersburg, FL 33702
City/State and Zip Code

E-mail address: (to be used for future annual report notification) info@silvanfoundation.org

For further information concerning this matter, please call:

Vanessa Goold at (410) 490-8004
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

Use this address

1. The name of the corporation: Silvan Foundation Corporation

2. The principal office address: 7901 4th St N STE 300
St. Petersburg FL 33702

3. The mailing address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702

4. Date of incorporation/qualification: 07/21/21 Document number: N21000008777

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)

5753 Highway 85 N PMB 3218
(restview, FL 32536)

} OLD address, please remove!

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

Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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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]
Signature of an officer or director

Vanessa Goold
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]
Signature of Registered Agent

2/23/23
Date

If signing on behalf of an entity:

David Roberts
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 (04/13)