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January 12, 2016

Registration Section
Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Registered Agent\Registered Office Change for a Limited Liability Company Delvista, LLC, Document No. L14000141930

Dear Reader:

Our firm represents Guilherme Munhoz Eugenio and Delvista, LLC, a Florida limited liability company.

Enclosed for filing is the Registered Agent\Registered Office Change for a limited liability company and our firm's check in the amount of \$25.00 for the filing fee, made payable to "Florida Department of State".

Please direct any questions or further instructions to the undersigned, as further set forth on the enclosed completed cover letter.

Thank you for your assistance, and if you have any questions, or if there is anything else that you need, please do not hesitate to contact me directly.

Very truly yours

John R. Griffith

Enc.



COVER LETTER

	egistration Section ivision of Corporations							
SUBJECT	Delvista, LLC, a Florida limited liability company							
	Name of Limited Liability Company							
Dear Sir o	r Madam:							
The enclose	sed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.						
Please retu	urn all correspondence concerning this matter	r to the following:						
John R.	Griffith							
	Name of Person							
Petersor	n & Myers, P.A.							
	Firm/Company							
225 Eas	t Lemon Street, Suite 300							
	Address							
Lakeland	d, Florida 33801							
	City/State and Zip Code							
jgriffith@	petersonmyers.com							
E-ma	ail address: (to be used for future annual repo	ort notification)						
For further	r information concerning this matter, please of	eall:						
John R.	Griffith 8	63 683-6511						
	Name of Person	Area Code & Daytime Telephone Number						
Re Di Cl 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Eı	Enclosed is a check for the following amount:							
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	name of the limited liability company: Delvista, LLC	, a Flor	ida limited	l liability comp	any
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(A	Aailing address of lin	nited liability company: POST OFFICE BOX)
	610 N. Hart Boulevard		610 N. H	lart Boulevard	
	Orlando, Florida 32818		Orlando,	Florida 32818	3
	09/10/2014		L1400014	1930	
3.	Date of filing/registration in Florida	4.		Document number	er
5. (a)	Guilherme Munhoz Eugenio				-
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:	16 JAN SECRET
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2		
	700 Celebration Avenue, #212				SSE S
	Celebration , FL	34747			AH 7:
(b)	Soan L. Fullerton Enter name of NEW Registered Agent and/or NEW Registered	Office od			25 AM 7: 43 ANY OF STATE ASSEE, FLORIDA
	Richard L. Fullerton, Inc.	CALILLY MAY	11.1.2.2.		
	NEW Registered Office Address:		<u></u>		
	610 N. Hart Boulevard				
	Orlando , FL	32818			
the cha agent v was we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of wil be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	vs of the the regis ability co f the limi limited li	tered office mpany, it is ited liability ability comp	and the business bereby confirmed	office of the registered d that the change(s) therwise provided in
Signa	ture of a member of authorized representative of a member			Printed or typed nam	ic of signee
provisi the ohl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had a writing of this change.	ee to act performa I for in C nereby co	in this capac nice of my di hapter 605, nfirm that th	city. I further ag uties, and I am fa F.S. Or, if this d he limited liability	ree to comply with the miliar with and accept locument is being filed y company has been
Signatu	re of Registered Agent				