## 117000041252

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O SIMMONS

TO: Registration Section Division of Corporations
SUBJECT: DIQZ Leyva + Gil, PLLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Gil Name of Person
DIAZ Leyva + GIL, PLLC Firm/Company
999 Ponce De Leon Blud., Ste. 600 Address
Coval (able), FL 33134  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Michael 611 at (305) 203-0673

## STREET/COURIER ADDRESS:

Name of Person

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

## MAILING ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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. Na	me of the limited liability company: Dat Ley	<u>va + G11</u>	PLLC		<del></del>
2. (a)	Principal office address of limited liability company:	(b)	ing address of limited	liability company:	<del></del>
	(Note: MUST BE STREET ADDRESS)	· <del>-</del>	lote: MAY BE POST		
2 Z	999 Parce De Lean Blvd., Suite 600		re De Leon	Blud., Su	<u>ite</u> 600
Haded (	Coral Gables, FC 33134	coal G	ables, FC.	33134	
missing	s. 2/21/17	<del></del>	C14000C	152	
		Do	ocument number		
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	rida Dent. of State:		*** <b>=</b>	
		or or or or or		Comments of the Comments of th	, , , , , , , , , , , , , , , , , , ,
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	ESS)		J. J.	N. Francisco
	999 Ponce De Lean Blud., Sta	600			-
	Coral Gables , FL 3				- 16
		,		S of september 1 and september 2 and september	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:			
	···		\		
	NEW Registered Office Address:		\ rema!	anged	
			) and	ronged	
				,	
	, FL				
the char agent w was/we	mited liability company is not organized under the laws of tage or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the	gistered office an company, it is he limited liability co	nd the business officereby confirmed the company or as other	ce of the regist	tered
	cles of organization or the operating agreement of the limited	Mich	ny.		
I hereb	ov accent the appointment as registered agent and agree to	act in this canaci	ti I firethar agree	to comply with	the
provision the oblination to mere	is not appearable to the proper and complete performs of all statutes relative to the proper and complete performs of my position as registered agent as provided for left reflect a change in the registered office address, I hereby in writing of this change.	rmance of my dut n Chapter 605, F confirm that the	iy. Turther agree les, and I am famil .S. Or, if this docu limited liability co	to comply with lar with and ac iment is being j ompany has bee	ccept filed en
Sionanir	e of Registered Agent				