## 798000001752

(Re	equestor's Name)			
, (Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 4, 2017

Order#: 834780-011

Re: DAVIS SELECTED ADVISERS - NY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corpo	002, 617.0502, 607.1508, or 617.1508, Floria ration organized under the laws of the State o ice or registered agent, or both, in the State o	of DELAWARE
1. The name of	the corporation: DAVIS SELE	ECTED ADVISERS - NY, INC.	_
2. The principal	office address: renue 3rd Floor New York NY		
3. The mailing	address (if different):		
4. Date of incor	prporation/qualification: 03/27/1998 Document number: F98000001752		
5. The name and Florida Depa	d street address of the current rtment of State: (If resigned, $\epsilon$	registered agent and registered office on file enter resigned)	with the
	C T CORPORATION SYST	ЕМ	
	1200 SOUTH PINE ISLAND	ROAD	_
	PLANTATION	FL 33324	_
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered of	. 7
	Corporation Service Compa	iny	EILED
	1201 Hays Street		
		P.O. Box NOT acceptable	- 3 = 0
	Tallahassee	FL 32301	- ************************************
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of	٠
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	uly adopted by its board of directors or by ar las been notified in writing of the change.	n officer so
Xu	8. agni	Jill Cilmi, Vice President	09/26/2017
Szenatu	re of an officer or director	Printed or typed name and t	itle
performance of agent. Or, if thi hereby confirm	the appointment as registere o comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been Service Company	d agent and agree to act in this capacity.  It of all statutes relative to the proper and cowith and accept the obligation of my position rely to reflect a change in the registered offine notified in writing of this change.	mplete on as registered ice address, I
By: Drace	. YKubi.	09/26/2017	
Sign	nature of Registered Agent	Date	<del></del>
If signing on bel	nalf of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ty	ped or Printed Name	<del></del>	

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